# 2002

# DATA COMPENDIUM



Centers for Medicare & Medicaid Services

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*The Centers for Medicare & Medicaid Services (CMS), formerly known as the Health Care Financing Administration, is responsible for Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP). Our payments and program policies have significant and far-reaching effects on beneficiaries, providers, and payers. Understanding these effects and their causes is essential to the planning and implementation of changes to the health care delivery system.*

*The Data Compendium contains historic, current and projected data on Medicare enrollment and Medicaid recipients, expenditures and utilization. Data pertaining to budget, administrative/operating costs, individual income, financing, and health care providers/suppliers are also included. National data not specific to the Medicare or Medicaid programs may be found throughout the publication.*

*This compendium has been prepared for several years for CMS's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Systems, Technical and Analytic Resources Group, Office of Research, Development, and Information with major contributions from the various Centers and Offices in CMS. Data supplied by professional organizations and other Federal agencies are gratefully acknowledged.*

***Symbols in Tables:***

*NA not available*
*-- not applicable*

# Centers for Medicare & Medicaid Services

# 2002

# DATA

# COMPENDIUM

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Research, Development, and Information
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# I. BUDGET OVERVIEW

Information about the Federal, DHHS and CMS budgets.

## *HIGHLIGHTS*

- *Medicare benefit payments are expected to increase by 4.4 percent from 2001 to 2002 and by 4.0 percent from 2002 to 2003.*
- *Federal and State Medicaid medical assistance payments are expected to increase by 12.4 percent from 2001 to 2002 and by 8.8 percent from 2002 to 2003.*
- *Program benefit payments for Medicare and Medicaid combined are expected to increase by 8.5 percent from 2001 to 2002 and by 6.4 percent from 2002 to 2003.*

## CMS Disbursements
## Fiscal Years 2001 - 2003

| | 2001 Actual | 2002 Current Law | 2003 Current Law | 2003 Proposed Law |
|---|---|---|---|---|
| | | Dollars in millions | | |
| CMS Budget Outlays | | | | |
| Medicare Benefits | $236,493 | $246,793 | $256,544 | $257,024 |
| Medicare Part B Transfer to Medicaid [1] | 60 | 65 | 0 | 80 |
| Medicaid Benefits [2] | 123,093 | 139,040 | 151,482 | 151,577 |
| State and Local Administration/Training | 6,281 | 7,709 | 9,085 | 9,085 |
| State Children's Health Insurance Program (SCHIP) | 2,486 | 3,921 | 4,570 | 4,530 |
| SCHIP Transfer to Medicaid [3] | 1,213 | 26 | - | - |
| CMS Program Management [4] | 2,204 | 2,510 | 2,591 | 2,621 |
| Quality Improvement Organizations | 329 | 536 | 409 | 409 |
| Health Care Fraud and Abuse Control (HCFAC) [5] | 926 | 1,010 | 1,075 | 1,075 |
| Other Medicare Administrative Expenses [6] | 1,103 | 1,257 | 1,287 | 1,287 |
| Quinquennial Adjustment (Medicare) [7] | 1,177 | - | - | - |
| Ticket to Work Program (P.L. 106-170) | 2 | 18 | 30 | 30 |
| Total Outlays (unadjusted) | $375,367 | $402,885 | $427,073 | $427,718 |
| Medicare Premiums | -23,747 | -25,623 | -27,526 | -27,526 |
| Offsetting Collections [8] | -110 | -132 | -56 | -186 |
| Reimbursables | -3 | | | |
| Total Outlays Net of Medicare Premiums and Offsetting Collections | $351,507 | $377,130 | $399,491 | $400,006 |

[1] Medicare transfer to Medicaid for Medicare Part B premium assistance required by section 4732 of the BBA (P.L.105-33).

[2] Includes not only Medicaid medical assistance payments (MAP) but also Title XIX outlays for the Vaccines for Children Program (FY 2001- $826.0 million; FY 2002- $989.5 million; FY 2003- $823.9 million). The FY 2001 outlays were reduced by -$1,273 million to reflect the SCHIP transfer to Medicaid and the Medicare Part B transfer to Medicaid. In FY 2002, the estimate is reduced only by the Medicare Part B transfer to Medicaid.

[3] This transfer, required by section 802 of the BIPA (P.L.106-554), reimburses Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001.

[4] Includes user fees and reimbursables. The proposal to allocate the costs of accrued retirement and health benefits is not reflected in FY 2003 current law outlays. This proposal is reflected in the FY 2003 proposed law column.

[5] Includes HCFAC outlays by CMS and other agencies.

[6] Medicare-related expenses of other agencies, e.g., Social Security Administration.

[7] Quinquennial adjustment for military wage credits.

[8] Offsetting collections from non-Federal sources, e.g., user fees.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCES: FY 2003 Mid-Session Review; CMS/OFM

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## Program Benefit Payments
## Selected Fiscal Years

| Fiscal Year | Total Amount | Total Annual Percent Change | Medicare [1] Amount | Medicare [1] Annual Percent Change | Medicaid [2] Amount | Medicaid [2] Annual Percent Change | SCHIP [3] Amount | SCHIP [3] Annual Percent Change |
|---|---|---|---|---|---|---|---|---|
| | | | Amount in billions | | | | | |
| Historical | | | | | | | | |
| 1980 | $57.9 | -- | $33.9 | -- | $24.0 | -- | | |
| 1985 | 108.8 | 12.6 | 69.5 | 14.1 | 39.3 | 10.4 | | |
| 1990 | 175.9 | 15.6 | 107.2 | 13.8 | 68.7 | 18.4 | | |
| 1991 | 204.4 | 16.2 | 113.9 | 6.3 | 90.5 | 31.7 | | |
| 1992 | 245.1 | 19.9 | 129.2 | 13.4 | 115.9 | 28.1 | | |
| 1993 | 268.7 | 9.6 | 142.9 | 10.6 | 125.8 | 8.5 | | |
| 1994 | 296.9 | 10.5 | 159.3 | 11.5 | 137.6 | 9.4 | | |
| 1995 | 328.9 | 10.8 | 176.9 | 11.0 | 152.0 | 10.5 | | |
| 1996 | 344.3 | 4.7 | 191.1 | 8.0 | 153.2 | 0.8 | | |
| 1997 | 367.8 | 6.8 | 207.1 | 8.4 | 160.7 | 4.9 | | |
| 1998 | 379.7 | 3.2 | 210.1 | 1.4 | 169.4 | 5.5 | 0.2 | |
| 1999 | 390.5 | 2.8 | 208.3 | -0.9 | 180.8 | 6.7 | 1.3 | 655.2 |
| 2000 | 413.8 | 6.0 | 214.9 | 3.2 | 196.1 | 8.4 | 2.8 | 108.6 |
| 2001 | 457.7 | 10.6 | 236.5 | 10.1 | 217.4 | 10.9 | 3.8 | 36.6 |
| Budget | | | | | | | | |
| Current law | | | | | | | | |
| 2002 | 496.8 | 8.5 | 246.8 | 4.4 | 244.4 | 12.4 | 5.6 | 47.4 |
| 2003 | 528.8 | 6.4 | 256.5 | 3.9 | 265.8 | 8.8 | 6.5 | 16.1 |

[1]Includes catastrophic benefits for HI in FY 1990. Does not include Quality Improvement Organization expenditures.

[2]Total computable benefit payments (Federal and State combined). Historical data for FYs 1980-1994 reflect total computable medical assistance payments reported by the States on line 11 of the HCFA-64 and predecessor forms. Historical data for FYs 1995-2001 include line 11 total computable medical assistance payments and outlays for the Vaccines for Children Program but do not include total computable Title XIX expenditures for the State Children's Health Insurance Program. Budget data for FYs 2002-2003 reflect current law estimates of total computable medical assistance payments and outlays for the Vaccines for Children Program.

[3]Historical data for FYs 1998-2000 include total computable expenditures (Title XIX and Title XXI) reported by the States for the State Children's Health Insurance Program (SCHIP). After FY 2000, there is no longer Title XIX funding of SCHIP. Budget data for FYs 2001-2003 reflect estimates of total computable Title XXI outlays. In FYs 2001 and 2002, the estimate does not include the SCHIP transfer to Medicaid to reimburse Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001.

NOTE: Percent changes based on unrounded numbers.

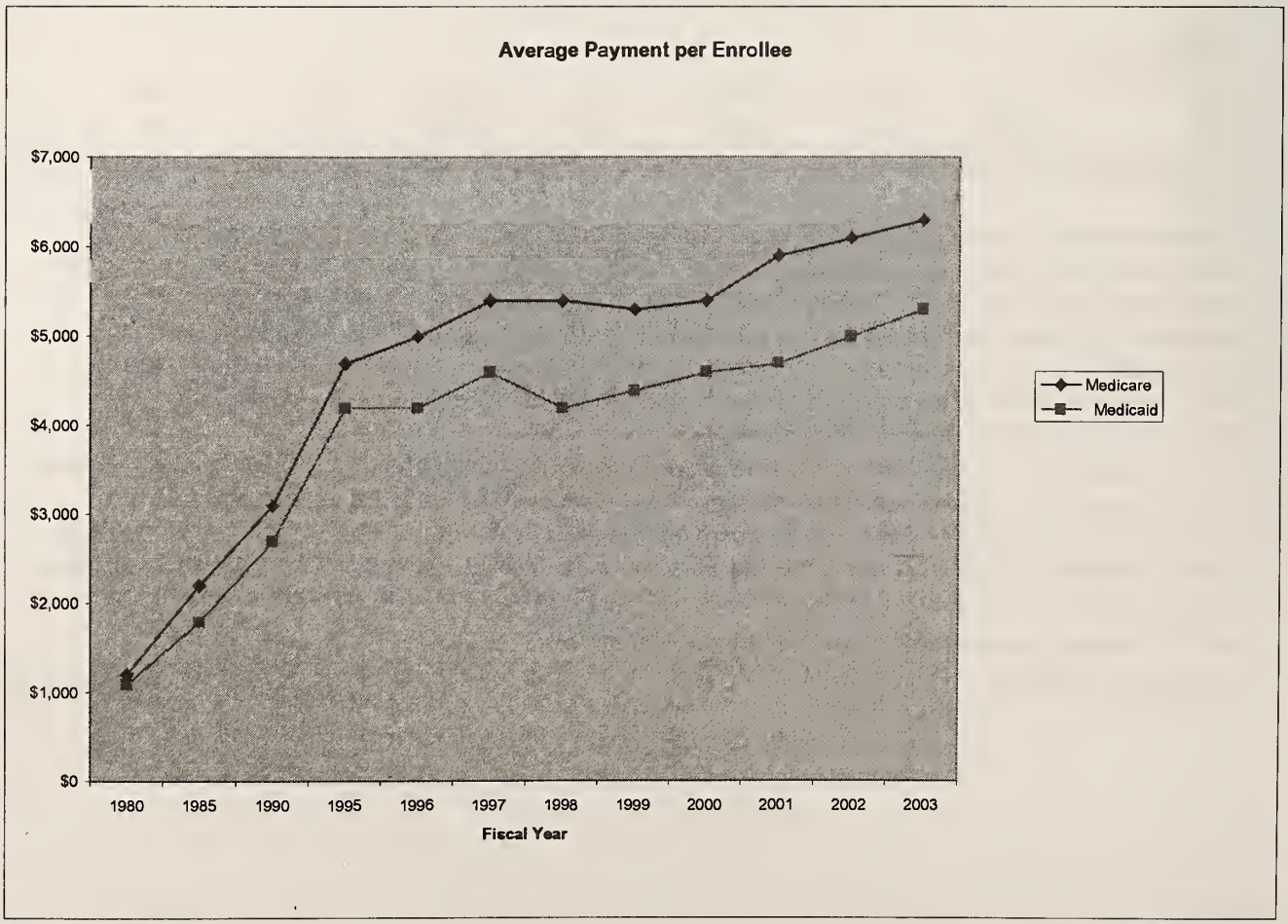
SOURCE: CMS/OFM September 2002

## Program Benefit Payments Per Enrollee
## Selected Fiscal Years

| | Medicare | | | Medicaid [2] | | | State Children's Health Insurance Program (SCHIP) | |
|---|---|---|---|---|---|---|---|---|
| Fiscal Year | Benefit Payments[1] (In Billions) | Enrollees (In Millions) | Average Per Enrollee | Benefit Payments (In Billions) | Beneficiaries[3] (In Millions) | Average Per Beneficiary | Medicaid Expansions[4] (In Billions) | Separate State Programs (In Billions) |
| 1980 | $33.9 | 28.3 | $1,200 | $24.0 | 21.6 | $1,100 | | |
| 1985 | 69.6 | 31.0 | 2,200 | 39.3 | 21.8 | 1,800 | | |
| 1990 | 107.4 | 34.1 | 3,100 | 68.7 | 25.3 | 2,700 | | |
| 1995 | 177.1 | 37.4 | 4,700 | 151.8 | 36.3 | 4,200 | | |
| 1996 | 191.2 | 38.0 | 5,000 | 152.9 | 36.1 | 4,200 | | |
| 1997 | 207.3 | 38.4 | 5,400 | 160.3 | 34.7 | 4,600 | | |
| 1998 | 210.3 | 38.8 | 5,400 | 168.9 | 40.6 [6] | 4,200 | $0.1 | $0.1 |
| 1999 | 208.5 | 39.1 | 5,300 | 180.4 | 41.0 [5,6] | 4,400 | 0.6 | 0.8 |
| 2000 | 215.1 | 39.5 | 5,400 | 195.5 | 42.5 [5,6] | 4,600 | 1.1 | 1.7 |
| 2001 | 236.8 | 39.9 | 5,900 | 216.2 | 46.1 [5,6] | 4,700 | 1.2 | 2.7 |
| 2002[5] | 247.4 | 40.3 | 6,100 | 244.2 | 48.9 [5,6] | 5,000 | 1.6 | 4.0 |
| 2003[5] | 257.0 | 40.7 | 6,300 | 268.1 | 50.7 [5,6] | 5,300 | 1.7 | 4.9 |

[1]Includes Quality Improvement Organization and SMI Medicaid transfer expenditures. [2]Excludes Medicaid expansion and separate State programs under SCHIP and payments under Vaccines for Children Program. [3]Medicaid beneficiaries are enrollees on behalf of whom at least one payment is made during the fiscal year. [4]Beginning in FY 2001, SCHIP Medicaid expansions are funded through Title XXI. See footnote 2, page 2. [5]Estimated. [6]Beginning in 1998, Medicaid beneficiaries were redefined to include eligibles on behalf of whom a capitation payment is made, which results in a large increase in the beneficiary count.

NOTES: Current law only. Consistent with data and estimates included in the FY 2003 Mid-Session Review. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.




SOURCE: CMS/OACT

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## Benefit Outlays by Program
## Selected Fiscal Years

| | 1967 | 1968 | 2001 | 2002 [1] |
|---|---|---|---|---|
| | | Amounts in billions | | |
| Annually | | | | |
| CMS Program Benefit Outlays | $5.1 | $8.4 | $458 | $497 |
| Federal Outlays | NA | 6.7 | 363 | 390 |
| Medicare | 3.2 | 5.1 | 237 | 247 |
| HI | 2.5 | 3.7 | 136 | 141 |
| SMI | 0.7 | 1.4 | 101 | 106 |
| Medicaid [2] | 1.9 | 3.3 | 217 | 244 |
| Federal Share | NA | 1.6 | 123 | 139 |
| State Children's Health Insurance Program (SCHIP) | NA | NA | 4 | 6 |
| Federal Share | NA | NA | 3 | 4 |
| | In millions | | In billions | |
| Monthly | | | | |
| CMS Program Benefit Outlays | $423 | $702 | $38 | $41 |
| Federal Outlays | NA | 561 | 30 | 33 |
| Medicare | 264 | 427 | 20 | 21 |
| HI | 209 | 311 | 11 | 12 |
| SMI | 55 | 116 | 8 | 9 |
| Medicaid [2] | 158 | 275 | 18 | 20 |
| Federal Share | NA | 133 | 10 | 12 |
| State Children's Health Insurance Program | NA | NA | [3] | [3] |
| Federal Share | NA | NA | [3] | [3] |
| | In thousands | | In millions | |
| Hourly | | | | |
| CMS Program Benefit Outlays | $579 | $962 | $52 | $57 |
| Federal Outlays | NA | 768 | 41 | 45 |
| Medicare | 362 | 585 | 27 | 28 |
| HI | 286 | 426 | 16 | 16 |
| SMI | 76 | 159 | 12 | 12 |
| Medicaid [2] | 217 | 377 | 25 | 28 |
| Federal Share | NA | 183 | 14 | 16 |
| State Children's Health Insurance Program | NA | NA | [4] | [4] |
| Federal Share | NA | NA | [4] | [4] |
| | | In thousands | | |
| Minutely | | | | |
| CMS Program Benefit Outlays | $10 | $16 | $871 | $946 |
| Federal Outlays | NA | 13 | 691 | 742 |
| Medicare | 6 | 10 | 451 | 470 |
| HI | 5 | 7 | 259 | 268 |
| SMI | 1 | 3 | 192 | 202 |
| Medicaid [2] | 4 | 6 | 413 | 464 |
| Federal Share | NA | 3 | 234 | 264 |
| State Children's Health Insurance Program | NA | NA | 8 | 11 |
| Federal Share | NA | NA | 6 | 8 |

[1] Estimated. [2] These amounts include Federal outlays for the Vaccines for Children Program.
[3] Less than $400 million. [4] Less than $500,000.

NOTES: Fiscal year data. Totals may not equal the sum of rounded components. For FYs 2001 and 2002, rounded annual benefit outlays used to derive monthly (12), hourly (8,760) and minutely (525,600) outlays.

SOURCE: CMS/OFM

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# II. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, CMS, the Department and the nation as a whole.

Health care spending is shown for CMS programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

## *HIGHLIGHTS*

- *Medicare spending between fee-for-service (FFS) and managed care is expected to fluctuate between 2001 and 2003, with managed care's share of total benefit payments accounting for 17.8 percent in 2001, decreasing to 13.6 percent in 2002 and then increasing to 14.0 percent in 2003.*

- *Medicare FFS benefit payments for inpatient hospital care are projected to increase 6.5 percent from fiscal year 2001 to 2002. During the same period of time, FFS physician and supplier payments under Medicare are expected to increase 9.7 percent.*

- *Spending for FFS inpatient hospital services as a share of total Medicare spending decreased from 64.9 percent in 1983 to a projected 40.3 percent in 2002.*

- *The financing for home health care shifted dramatically from Part A to Part B because of the Balanced Budget Act of 1997. In 2002, Part A HHA benefit payments accounted for $5.4 billion, a decline of 33.8 percent from $4.1 billion in 2001. Comparably, Part B HHA payments increased from $5.2 billion in 2001 to nearly $6.8 billion in 2002, an increase of 29.7 percent.*

- *Total Medicaid payments increased by 73 percent from 1985 to 1990 and by another 135.3 percent from 1990 to 1999 to reach $152.6 billion in 1999.*

*Medical care price indexes continue to increase at a faster rate than the "All Item" Consumer Price Index.*

- *In recent years, changes in the CPI for all items have lagged considerably behind outpatient and physician services.*

- *In 2001, the CPI for all items increased by 3.2 percent, the same rate of increase as the previous year. The percent increases for outpatient and physician services in 2001 were 6.8 and 3.7, respectively, compared to 6.9 and 3.4 in 2000.*

- *Public funding for NHE has grown significantly from 24.9 percent in 1965 to 45.2 percent in 2000.*

- *Likewise, private funding for NHE declined from 75.1 percent in 1965 to 54.8 percent in 2000.*

## CMS Benefit Payments by Major Program Service Categories
## Fiscal Year 2000

| Type of Service | Total Program Payments | | Medicare | | Medicaid [1] | |
|---|---|---|---|---|---|---|
| | Amount | Percent Distribution | Amount | Percent Distribution | Amount | Percent Distribution |
| | Amount in millions | | | | | |
| Total | $410,653 | 100.0 | $215,147 | 100.0 | $195,506 | 100.0 |
| Inpatient Hospital | 131,266 | 32.0 | 87,279 [2] | 40.6 | 43,987 [7] | 22.5 |
| Nursing Facilities | 60,105 | 14.6 | 10,313 | 4.8 | 49,793 [8] | 25.5 |
| Home Health & Related | 28,465 | 6.9 | 8,728 | 4.1 | 19,737 [9] | 10.1 |
| Physician & Other Practitioner | 56,451 | 13.7 | 47,732 [3] | 22.2 | 8,719 [10] | 4.5 |
| Outpatient | 24,251 | 5.9 | 16,271 | 7.6 | 7,980 [11] | 4.1 |
| Clinic | 5,864 | 1.4 | -- [4] | -- | 5,864 [12] | 3.0 |
| Prescribed Drugs | 16,575 | 4.0 | -- | -- | 16,575 [13] | 8.5 |
| Capitation Payments | 73,460 | 17.9 | 39,811 [5] | 18.5 | 33,649 [14] | 17.2 |
| Other Care | 14,216 | 3.5 | 5,013 [6] | 2.3 | 9,203 [15] | 4.7 |

[1] Payments (Federal and State) from financial management reports (Form CMS-64).
[2] Includes inpatient hospital ($87,043 million) and Quality Improvement Organization ($236 million).
[3] Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, physician-administered drugs, and other Part B suppliers (total of $47,690 million) and Quality Improvement Organization ($43 million).
[4] Covered clinic services are included under outpatient.
[5] Includes Part A managed care payments ($21,463 million) and Part B managed care payments ($18,348 million).
[6] Includes hospice ($2,818 million) and clinical laboratory services furnished in a physician's office and an independent laboratory ($2,194 million).
[7] Includes Inpatient hospital payments ($28,388) and disproportionate share (DSH) payments ($15,598).
[8] Includes services in nursing facilities ($39,608) and intermediate care facilities for the mentally retarded ($10,185).
[9] Includes home health ($2,312 million), home and community-based waivers ($12,629 million), personal care services ($4,567 million), and home and community-based services for functionally disabled elderly ($230 million).
[10] Includes physician ($5,893 million), dental ($1,795 million), and other practitioner services ($1,030 million).
[11] Includes outpatient hospital ($7,367 million) and laboratory/radiological services ($613 million).
[12] Includes clinic ($5,063 million), rural health clinic ($175 million), and federally qualified health clinic services ($626 million).
[13] Includes gross prescription drug expenditures ($20,555 million) and drug rebates (–$3,981 million).
[14] Includes Medicare premiums ($4,204 million) and other capitation payments ($29,446 million).
[15] Includes early and periodic screening, diagnosis and treatment (EPSDT) ($829 million), targeted case management ($1,893 million), primary care case management ($290), hospice ($403 million), emergency services for undocumented immigrants ($864 million), miscellaneous coinsurance payments ($460 million), sterilizations ($118 million), Program for All-inclusive Care of Elderly (PACE) ($5 million), other care services ($7,849 million), and various collections (–$3,508 million).

NOTE: Because of rounding, table components may not add to totals.

SOURCE: CMS/OACT

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## Medicare Trust Fund Projections
## Fiscal Years 2001 - 2003

| | 2001 | 2002 | 2003 |
|---|---|---|---|
| | Amount in millions | | |
| HI Total Disbursements [1] | $142,901 | $144,964 | $150,567 |
| HI Administrative Expenses [2] | 1,716 | 2,021 | 2,020 |
| HI Benefit Payments | 135,979 | 140,772 | 146,884 |
| Aged | 118,524 | 122,268 | 127,292 |
| Disabled | 17,455 | 18,504 | 19,592 |
| HCFAC [3] | 926 | 1,010 | 1,075 |
| HI Transfer to SMI for Home Health | 3,103 | 1,161 | 588 |
| Quinquennial Adjustment | 1,177 | -- | -- |
| SMI Total Disbursements [1] | 99,452 | 107,075 | 111,366 |
| SMI Administrative Expenses [2] | 1,981 | 2,150 | 2,294 |
| SMI Benefit Payments | 100,514 | 106,021 | 109,660 |
| Aged | 86,030 | 90,076 | 92,969 |
| Disabled | 14,483 | 15,946 | 16,691 |
| SMI Transfer to Medicaid [4] | 60 | 65 | -- |
| HI Transfer to SMI for Home Health | (3,103) | (1,161) | (588) |

[1] Current law data. Totals do not necessarily equal the sum of rounded components. [2] Administrative expenses include the sum of administrative costs, research, and QIO expenditures. [3] Net Health Care Fraud and Abuse Control outlays as reported in the Treasury Annual Report. [4] SMI Transfer to Medicaid for Medicare Part B premium assistance.

NOTES: Based on FY 2003 Mid-Session Review. Benefit estimates do not reflect proposed legislation. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT/OFM

## Medicare Benefit Payments by Type of Benefit
## Fiscal Years 2001 - 2003

| | Benefit Payment [1] | | | Percent Distribution |
|---|---|---|---|---|
| | 2001 | 2002 | 2003 | 2003 |
| | Amount in millions | | | |
| Total HI [2] | $135,979 | $140,772 | $146,884 | 100.0 |
| Inpatient Hospital | 93,246 | 99,352 | 103,976 | 70.8 |
| Skilled Nursing Facility | 12,420 | 14,204 | 13,636 | 9.3 |
| Home Health Agency | 4,057 [3] | 5,429 | 6,033 | 4.1 |
| Hospice | 3,419 | 3,756 | 4,019 | 2.7 |
| Managed Care | 22,837 | 18,032 | 19,220 | 13.1 |
| Total SMI [2] | 100,514 | 106,021 | 109,660 | 100.0 |
| Physician/Other Suppliers | 54,066 | 59,334 | 61,044 | 55.7 |
| Outpatient Hospital/Other Providers | 17,601 | 19,584 | 19,525 | 17.8 |
| Home Health Agency | 5,242 [3] | 6,800 | 7,557 | 6.9 |
| Laboratory | 4,357 | 4,813 | 4,949 | 4.5 |
| Managed Care | 19,249 | 15,490 | 16,585 | 15.1 |

[1] Includes the effect of regulatory items and recent legislation but not proposed law. [2] Excludes QIO expenditures.
[3] Distribution of home health benefits between the trust funds reflects the actual outlays as reported by the Treasury.

NOTES: Based on FY 2003 Mid-Session Review. Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT/OFM

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## Medicaid Payments by Basis of Eligibility
## Selected Fiscal Years

| | Payments | | | | | Percent Distribution |
|---|---|---|---|---|---|---|
| | 1985 | 1990 | 1995 | 1998 | 1999 [1] | 1999 |
| | Amount in millions | | | | | |
| Total | $37,508 | $64,859 | $120,141 | $142,260 | $152,629 | 100.0 |
| Age 65 and over | 14,096 | 21,508 | 36,527 | 40,601 | 42,347 | 27.7 |
| Blind/Disabled | 13,452 | 24,403 | 49,418 | 60,374 | 65,668 | 43.0 |
| Dependent Children under Age 21 | 4,414 | 9,100 | 17,976 | 20,547 | 21,018 | 13.8 |
| Adults in Families with Dependent Children | 4,746 | 8,590 | 13,511 | 14,865 | 15,637 | 10.2 |
| Foster Children | NA | NA | NA | 2,349 | 2,828 | 1.9 |
| Unknown | 798 | 1,051 | 1,499 | 3,524 | 5,131 | 3.4 |

[1] Not all States reporting.

NOTES: In 1997, the Other title XIX category was dropped and the enrollees therein were subsumed in the remaining categories. Beginning in FY 1998, payments include capitated payments as a type of service category. The large increase between 1995 and 1998 is primarily the result of this change of definition. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/CMSO/ORDI

## Medicaid Payments by Type of Service and Basis of Eligibility
## Fiscal Year 1999

| | Total Payments | Inpatient Hospital Services | Long-Term Care Services [1] | Other Services |
|---|---|---|---|---|
| | Percent Distribution | | | |
| All Groups | 100.0 | 14.5 | 30.9 | 54.6 |
| Age 65 and over | 27.7 | 1.1 | 18.5 | 8.2 |
| Blind and Disabled | 43.0 | 6.4 | 11.4 | 25.1 |
| Children under Age 21 | 13.8 | 2.7 | 0.4 | 10.7 |
| AFDC-Type Adults | 10.2 | 2.8 | 0.1 | 7.3 |
| Foster Child | 1.9 | 0.2 | 0.3 | 1.4 |
| Unknown | 3.4 | 1.2 | 0.2 | 1.9 |

[1] Includes services in mental facilities, all nursing facilities, and home health services, and all ICF/MR.

NOTE: Totals may not equal the sum of rounded components.

SOURCE: CMS/CMSO

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## Medicaid Payments by Type of Service
## Selected Fiscal Years

| | 1985 | 1997 | 1998 | 1999 | Percent Distribution 1999 |
|---|---|---|---|---|---|
| | | | Amount in millions | | |
| Total | $37,508 | $124,430 | $142,260 | $152,629 | 100.0 |
| Inpatient Services | 10,645 | 25,152 | 24,241 | 23,940 | 15.7 |
| General Hospitals | 9,453 | 23,142 | 21,441 | 22,182 | 14.5 |
| Mental Hospitals | 1,192 | 2,009 | 2,801 | 1,758 | 1.2 |
| Nursing Facilities [1] | 5,071 | 30,504 | 31,892 | 33,113 | 21.7 |
| ICF Services | 11,246 | 9,798 | 9,482 | 9,326 | 6.1 |
| Mentally Retarded | 4,731 | 9,798 | 9,482 | 9,326 | 6.1 |
| All Other [1] | 6,516 | NA | NA | NA | NA |
| Physician Services | 2,346 | 7,041 | 6,070 | 6,497 | 4.3 |
| Dental Services | 458 | 1,036 | 901 | 1,203 | 0.8 |
| Other Practitioner Services | 251 | 979 | 587 | 467 | 0.3 |
| Outpatient Hospital Services | 1,789 | 6,169 | 5,759 | 6,061 | 4.0 |
| Clinic Services | 714 | 4,252 | 3,921 | 5,778 | 3.8 |
| Laboratory & Radiological Services | 337 | 1,033 | 939 | 1,147 | 0.8 |
| Home Health Services | 1,120 | 12,237 | 2,702 | 2,898 | 1.9 |
| Prescribed Drugs | 2,315 | 11,972 | 13,522 | 16,567 | 10.9 |
| Family Planning [2] | 195 | 418 | 449 | NA | NA |
| EPSDT [2] | 85 | 1,617 | 1,335 | NA | NA |
| Rural Health Clinics [2] | 7 | 308 | NA | NA | NA |
| Home and Comm. Based Waiver Serv. [2] | NA | NA | 6,709 | NA | NA |
| Prepaid Health Care | NA | NA | 19,296 | 21,115 | 13.8 |
| PCCM Services | NA | NA | 134 | 463 | 0.3 |
| Sterilization Services | NA | NA | NA | 121 | 0.1 |
| Personal Support Services | NA | NA | 8,222 | 10,499 | 6.9 |
| Other Care | 928 | 11,033 | 4,386 | 12,967 | 8.5 |
| Unknown | NA | NA | 1,713 | 469 | 0.3 |

[1] Beginning in 1991, the category, nursing facilities, was created to include skilled nursing facilities and intermediate care facility services for all other than the mentally retarded. [2] Beginning in 1999, these services were reclassified as program types and the payments subsumed in the remaining types of service.

NOTES: Percent distribution based on rounded numbers. Prior to 1998, vendor payments exclude premiums and capitation amounts. Beginning in FY 1998, payments include capitated payments as a type of service category.

SOURCES: CMS/CMSO/ORDI

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## National Health Care by Type of Expenditure
## Calendar Year 2000

| | National Total in billions | Per Capita | Percent Paid | | |
|---|---|---|---|---|---|
| | | | Total | Medicare | Medicaid[1] |
| Total | $1,299.5 | $4,637 | 32.8 | 17.3 | 15.5 |
| Health Services and Supplies | 1,255.5 | 4,481 | 33.9 | 17.9 | 16.1 |
| Personal Health Care | 1,130.4 | 4,034 | 35.8 | 19.2 | 16.6 |
| Hospital Care | 412.1 | 1,471 | 47.4 | 30.5 | 16.9 |
| Physicians' Services | 286.4 | 1,022 | 27.4 | 20.8 | 6.6 |
| Nursing Home Care | 92.2 | 329 | 58.4 | 10.3 | 48.1 |
| Other Personal Health Care | 339.6 | 1,212 | 22.6 | 6.5 | 16.1 |
| Other Services and Supplies | 125.1 | 447 | 17.1 | 5.9 | 11.2 |
| Research and Construction | 43.9 | 157 | -- | -- | -- |

[1] Excludes SCHIP and Medicaid SCHIP Expansion.

NOTES: Per capita amounts based on July 1 Census resident population estimates. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT and U. S. Bureau of the Census September 2002

## CMS Benefit Payments by Major Personal Health Expenditure Service Categories
## Calendar Year 2000

| Type of Service [1] | Total Program Payments | | Medicare | | Medicaid [5] | |
|---|---|---|---|---|---|---|
| | Amount in billions | Percent Distribution | Amount in billions | Percent Distribution | Amount in billions | Percent Distribution |
| Total | $404.7 | 100.0 | $217.0 | 100.0 | $187.6 | 100.0 |
| Hospital Care | 195.5 | 48.3 | 125.7 | 57.9 | 69.7 | 37.2 |
| Physician and Clinical Services | 78.5 | 19.4 | 59.6 | 27.4 | 19.0 | 10.1 |
| Dentists' Services | 2.5 | 0.6 | 0.1 | 0.0 | 2.4 | 1.3 |
| Other Professional Services [2] | 6.2 | 1.5 | 4.7 | 2.2 | 1.5 | 0.8 |
| Home Health Care [3] | 15.2 | 3.8 | 9.2 | 4.3 | 6.0 | 3.2 |
| Prescription Drugs | 23.2 | 5.7 | 2.3 | 1.1 | 20.9 | 11.1 |
| Other Non-Durable Medical Products | 1.3 | 0.3 | 1.3 | 0.6 | -- | -- |
| Durable Medical Equipment | 4.6 | 1.1 | 4.6 | 2.1 | -- | -- |
| Nursing Home Care [4] | 53.9 | 13.3 | 9.5 | 4.4 | 44.4 | 23.7 |
| Other Personal Health Care | 23.8 | 5.9 | -- | -- | 23.8 | 12.7 |

[1] Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital based ICF-MR hospital based nursing homes and hospital based home health services appear as hospital care rather than nursing home care or as home health services.
[2] Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.
[3] Includes non-facility based home health care and some Medicaid care delivered in homes.
[4] Freestanding nursing facilities only.
[5] Excludes Medicaid SCHIP Expansion & SCHIP.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 59 percent in calendar year 2000.

SOURCE: CMS/OACT

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## National Health Care Trends in Public versus Private Funding
## Selected Calendar Years

| Calendar Year | GDP in billions | National Health Expenditures | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Total | | | Private Funds | | | Public Funds | | |
| | | Amount in billions | Per Capita | Percent of GDP | Amount in billions | Per Capita | Percent of Total | Amount in billions | Per Capita | Percent of Total |
| 1965 | $720 | $41.0 | $205 | 5.7 | $30.8 | $154 | 75.1 | $10.2 | $51 | 24.9 |
| 1966 | 789 | 45.1 | 224 | 5.7 | 31.6 | 156 | 69.9 | 13.6 | 67 | 30.1 |
| 1967 | 834 | 50.7 | 249 | 6.1 | 31.8 | 156 | 62.8 | 18.9 | 93 | 37.2 |
| 1970 | 1,040 | 73.1 | 348 | 7.0 | 45.4 | 216 | 62.2 | 27.6 | 131 | 37.8 |
| 1975 | 1,635 | 129.8 | 590 | 7.9 | 74.8 | 340 | 57.6 | 55.0 | 250 | 42.4 |
| 1980 | 2,796 | 245.8 | 1,067 | 8.8 | 140.9 | 612 | 57.3 | 104.8 | 455 | 42.7 |
| 1981 | 3,131 | 285.1 | 1,225 | 9.1 | 163.9 | 704 | 57.5 | 121.2 | 521 | 42.5 |
| 1982 | 3,259 | 321.0 | 1,365 | 9.8 | 186.7 | 794 | 58.2 | 134.3 | 571 | 41.8 |
| 1983 | 3,535 | 353.5 | 1,489 | 10.0 | 206.1 | 868 | 58.3 | 147.5 | 621 | 41.7 |
| 1984 | 3,933 | 390.1 | 1,628 | 9.9 | 229.3 | 957 | 58.8 | 160.8 | 671 | 41.2 |
| 1985 | 4,213 | 426.8 | 1,765 | 10.1 | 252.2 | 1,043 | 59.1 | 174.6 | 722 | 40.9 |
| 1986 | 4,453 | 457.2 | 1,872 | 10.3 | 266.9 | 1,093 | 58.4 | 190.4 | 780 | 41.6 |
| 1987 | 4,742 | 498.0 | 2,020 | 10.5 | 289.3 | 1,173 | 58.1 | 208.8 | 847 | 41.9 |
| 1988 | 5,108 | 558.1 | 2,243 | 10.9 | 331.7 | 1,333 | 59.4 | 226.4 | 910 | 40.6 |
| 1989 | 5,489 | 622.7 | 2,477 | 11.3 | 370.9 | 1,476 | 59.6 | 251.8 | 1,002 | 40.4 |
| 1990 | 5,803 | 696.0 | 2,738 | 12.0 | 413.5 | 1,627 | 59.4 | 282.5 | 1,111 | 40.6 |
| 1991 | 5,986 | 761.8 | 2,966 | 12.7 | 441.3 | 1,718 | 57.9 | 320.6 | 1,248 | 42.1 |
| 1992 | 6,319 | 827.0 | 3,183 | 13.1 | 468.5 | 1,803 | 56.6 | 358.5 | 1,380 | 43.4 |
| 1993 | 6,642 | 888.1 | 3,381 | 13.4 | 497.7 | 1,895 | 56.0 | 390.4 | 1,486 | 44.0 |
| 1994 | 7,054 | 937.2 | 3,534 | 13.3 | 510.3 | 1,924 | 54.4 | 427.0 | 1,610 | 45.6 |
| 1995 | 7,400 | 990.3 | 3,698 | 13.4 | 534.1 | 1,994 | 53.9 | 456.2 | 1,704 | 46.1 |
| 1996 | 7,813 | 1,040.0 | 3,849 | 13.3 | 558.2 | 2,066 | 53.7 | 481.8 | 1,783 | 46.3 |
| 1997 | 8,318 | 1,091.2 | 4,001 | 13.1 | 588.8 | 2,159 | 54.0 | 502.4 | 1,842 | 46.0 |
| 1998 | 8,782 | 1,149.8 | 4,177 | 13.1 | 628.8 | 2,285 | 54.7 | 520.9 | 1,893 | 45.3 |
| 1999 | 9,269 | 1,215.6 | 4,377 | 13.1 | 666.5 | 2,400 | 54.8 | 549.0 | 1,977 | 45.2 |
| 2000 | 9,873 | 1,299.5 | 4,637 | 13.2 | 712.3 | 2,542 | 54.8 | 587.2 | 2,096 | 45.2 |

NOTES: These data reflect Bureau of Economic Analysis Gross Domestic Product as of October 2001. Per capita is calculated using Census resident based population estimates.

SOURCES: CMS/OACT; U.S. Bureau of the Census; and U.S. Department of Commerce, Bureau of Economic Analysis September 2002

## National Health Care Source of Funds [1]
## Selected Calendar Years

| | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total in billions | $41.0 | $73.1 | $129.8 | $245.8 | $426.8 | $696.0 | $990.3 | $1,040.0 | $1,091.2 | $1,149.8 | $1,215.6 | $1,299.5 |
| | | | | | | Percent Distribution | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Private Funds | 75.1 | 62.2 | 57.6 | 57.3 | 59.1 | 59.4 | 53.9 | 53.7 | 54.0 | 54.7 | 54.8 | 54.8 |
| Out-of-Pocket | 44.3 | 34.3 | 28.8 | 23.7 | 22.4 | 19.7 | 14.8 | 14.6 | 14.9 | 15.2 | 15.2 | 15.0 |
| Private Health Insurance | 24.6 | 21.3 | 23.4 | 27.8 | 30.5 | 33.5 | 33.3 | 33.2 | 32.9 | 33.3 | 33.7 | 34.2 |
| Other Private | 6.3 | 6.6 | 5.5 | 5.9 | 6.3 | 6.1 | 5.8 | 5.9 | 6.1 | 6.2 | 6.0 | 5.7 |
| Federal Government | 11.4 | 24.1 | 27.8 | 29.0 | 28.6 | 27.7 | 32.5 | 33.1 | 32.9 | 32.0 | 31.7 | 31.7 |
| Medicare | -- | 10.5 | 12.6 | 15.2 | 16.8 | 15.8 | 18.4 | 19.0 | 19.1 | 18.2 | 17.5 | 17.3 |
| Federal Medicaid | -- | 3.9 | 5.7 | 5.9 | 5.3 | 6.1 | 8.7 | 8.9 | 8.7 | 8.7 | 8.9 | 9.1 |
| Other Federal [2] | 11.4 | 9.7 | 9.5 | 7.9 | 6.5 | 5.8 | 5.4 | 5.2 | 5.1 | 5.1 | 5.3 | 5.3 |
| State/Local Government | 13.5 | 13.7 | 14.5 | 13.6 | 12.3 | 12.9 | 13.6 | 13.3 | 13.2 | 13.3 | 13.5 | 13.5 |
| State Medicaid | -- | 3.3 | 4.6 | 4.7 | 4.3 | 4.5 | 5.8 | 5.8 | 5.9 | 6.2 | 6.4 | 6.5 |
| Other State/Local [2] | 13.5 | 10.4 | 9.9 | 8.9 | 8.0 | 8.4 | 7.8 | 7.5 | 7.3 | 7.1 | 7.1 | 7.0 |

[1] Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

[2] 1998 and later, Includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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## Personal Health Care Payment Source [1]
## Selected Calendar Years

| | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total in billions | $34.7 | $63.2 | $113.0 | $214.6 | $372.3 | $609.4 | $865.7 | $911.9 | $959.2 | $1,009.9 | $1,062.6 | $1,130.4 |
| | | | | | | Percent Distribution | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Private Funds | 79.6 | 64.8 | 60.2 | 59.7 | 60.6 | 61.0 | 55.4 | 55.1 | 55.7 | 56.6 | 56.9 | 56.7 |
| Private Health Insurance | 25.1 | 22.3 | 24.4 | 28.3 | 29.9 | 33.4 | 33.4 | 33.3 | 33.4 | 33.9 | 34.2 | 34.6 |
| Out-of-Pocket | 52.3 | 39.7 | 33.1 | 27.1 | 25.6 | 22.5 | 16.9 | 16.7 | 16.9 | 17.3 | 17.4 | 17.2 |
| Other Private | 2.2 | 2.8 | 2.7 | 4.3 | 5.1 | 5.0 | 5.1 | 5.2 | 5.4 | 5.4 | 5.3 | 5.0 |
| Public Funds | 20.4 | 35.2 | 39.8 | 40.3 | 39.4 | 39.0 | 44.6 | 44.9 | 44.3 | 43.4 | 43.1 | 43.3 |
| Federal [2] | 8.1 | 22.9 | 27.1 | 29.3 | 29.5 | 28.6 | 34.1 | 34.6 | 34.2 | 33.1 | 32.6 | 32.8 |
| State and Local [2] | 12.3 | 12.3 | 12.7 | 11.1 | 10.0 | 10.5 | 10.5 | 10.2 | 10.1 | 10.3 | 10.5 | 10.5 |

[1] Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.
[2] 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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## National Medical Care Price Indicators
## (1982-1984=100)
## Average Annual Index

| Fiscal Year [1] | CPI | | | | CPI - Medical Care | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | All items | | All Services | | | Services | | | | | | Commodities | |
| | | | | | | | Hospital and Related Services | | | | | | |
| | Total | Less Medical | Total | Less Medical | Total | Total | Total | Hospital Services | Inpatient Services | Outpatient Services | Physicians' Services | Total | Prescription Drugs |
| Year Ending June: | | | | | | | | | | | | | |
| 1965 | 31.2 | 31.7 | 26.3 | 27.1 | 24.9 | 22.3 | -- | -- | -- | -- | 24.6 [2] | 45.0 [2] | 48.0 [2] |
| 1970 | 37.8 | 38.1 | 33.7 | 34.3 | 32.9 | 31.2 | -- | -- | -- | -- | 33.2 | 45.8 | 47.1 |
| 1975 | 51.8 | 52.3 | 46.1 | 46.5 | 45.1 | 44.2 | -- | -- | -- | -- | 45.7 | 51.3 | 49.7 |
| Year Ending September: | | | | | | | | | | | | | |
| 1980 | 80.0 | 80.4 | 75.4 | 75.6 | 73.0 | 72.9 | 66.9 | -- | -- | -- | 74.6 | 73.7 | 70.8 |
| 1985 | 106.6 | 106.3 | 108.6 | 108.3 | 111.7 | 111.4 | 114.7 | -- | -- | -- | 111.5 | 113.3 | 117.6 |
| 1990 | 128.7 | 126.9 | 137.2 | 135.0 | 159.2 | 158.9 | 173.4 | -- | -- | 135.1 | 158.0 | 160.2 | 177.5 |
| 1995 | 151.4 | 147.6 | 167.2 | 162.2 | 218.3 | 221.7 | 254.9 | -- | -- | 202.2 | 206.6 | 203.6 | 233.9 |
| 1996 | 155.6 | 151.6 | 172.7 | 167.3 | 226.5 | 230.6 | 266.8 | -- | -- | 212.7 | 214.7 | 208.9 | 240.9 |
| 1997 | 159.8 | 155.6 | 178.1 | 172.6 | 233.1 | 237.5 | 276.4 | [3] | [3] | 222.5 | 221.4 | 214.3 | 248.1 |
| 1998 | 162.4 | 158.0 | 183.1 | 177.3 | 240.1 | 244.8 | 285.2 | 104.1 | 103.2 | 230.9 | 227.6 | 219.7 | 255.4 |
| 1999 | 165.5 | 160.9 | 187.6 | 181.6 | 248.4 | 252.9 | 296.1 | 108.1 | 106.7 | 242.2 | 234.5 | 228.4 | 269.5 |
| 2000 | 170.8 | 166.0 | 193.5 | 187.1 | 258.1 | 263.0 | 312.3 | 114.0 | 112.1 | 259.0 | 242.4 | 236.5 | 282.9 |
| 2001 | 176.3 | 171.2 | 201.6 | 194.9 | 269.7 | 275.5 | 332.7 | 121.6 | 119.0 | 276.8 | 251.4 | 244.9 | 296.4 |

[1] Revisions to scope, concept and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 and later years may differ from that priced in 1996 and earlier years. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 2001.

[2] Calculated based on reported June 1964, December 1964 and June 1965 index levels.

[3] New series began in January 1997; fiscal year annual average cannot be calculated.

SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

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## National Medical Care Price Indicators
## (1982-1984=100)
## Average Annual Percent Change from Last Year Shown [1]

| | CPI | | | | CPI - Medical Care | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | All Items | | All Services | | | Services | | | | | | Commodities | |
| | | | | | | | Hospital and Related Services | | | | | | |
| Fiscal Year [2] | Total | Less Medical | Total | Less Medical | Total | Total | Total | Hospital Services | Inpatient Services | Outpatient Services | Physicians' Services | Total | Prescription Drugs |
| Year Ending June: | | | | | | | | | | | | | |
| 1965 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 1970 | 3.9 | 3.7 | 5.1 | 4.8 | 5.7 | 6.9 | -- | -- | -- | -- | 6.1 | 0.4 | -0.4 |
| 1975 | 6.5 | 6.5 | 6.5 | 6.3 | 6.5 | 7.2 | -- | -- | -- | -- | 6.6 | 2.3 | 1.1 |
| Year Ending September: | | | | | | | | | | | | | |
| 1980 | 8.6 | 8.6 | 9.9 | 9.8 | 9.5 | 9.9 | -- | -- | -- | -- | 9.7 | 7.1 | 7.0 |
| 1985 | 5.9 | 5.7 | 7.6 | 7.5 | 8.9 | 8.9 | 11.4 | -- | -- | -- | 8.4 | 9.0 | 10.7 |
| 1990 | 3.8 | 3.6 | 4.8 | 4.5 | 7.3 | 7.4 | 8.6 | -- | -- | -- | 7.2 | 7.2 | 8.6 |
| 1995 | 3.3 | 3.1 | 4.0 | 3.7 | 6.5 | 6.9 | 8.0 | -- | -- | 8.4 | 5.5 | 4.9 | 5.7 |
| 1996 | 2.8 | 2.7 | 3.3 | 3.1 | 3.8 | 4.0 | 4.7 | -- | -- | 5.2 | 3.9 | 2.6 | 3.0 |
| 1997 | 2.7 | 2.6 | 3.1 | 3.2 | 2.9 | 3.0 | 3.6 | -- | -- | 4.6 | 3.1 | 2.6 | 3.0 |
| 1998 | 1.6 | 1.5 | 2.8 | 2.7 | 3.0 | 3.1 | 3.2 | [3] | [3] | 3.8 | 2.8 | 2.5 | 2.9 |
| 1999 | 1.9 | 1.8 | 2.5 | 2.4 | 3.5 | 3.3 | 3.8 | 3.8 | 3.4 | 4.9 | 3.0 | 4.0 | 5.5 |
| 2000 | 3.2 | 3.2 | 3.1 | 3.1 | 3.9 | 4.0 | 5.5 | 5.5 | 5.1 | 6.9 | 3.4 | 3.5 | 5.0 |
| 2001 | 3.2 | 3.1 | 4.2 | 4.1 | 4.5 | 4.8 | 6.6 | 6.6 | 6.2 | 6.8 | 3.7 | 3.6 | 4.8 |

[1] Based on average of monthly figures for given years. Percent change for 1980 year ending September is calculated as the average annual growth from year ending September 1975 to year ending September 1980.

[2] Revisions to scope, concept, and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 and later years may differ from that priced in 1996 and earlier years. Aiso, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 2001.

[3] New series begins in January 1997; fiscal year annual average percent change cannot be calculated.

SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

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## III. ADMINISTRATIVE/OPERATING

Information in this section concerns activities and services related to the oversight of the day-to-day operations of CMS programs. Current and trend data on trust fund operations, contractor performance and administrative costs are included.

### *HIGHLIGHTS*

- *Medicare Hospital Insurance (HI) benefit payments grew from $2.5 billion in FY 1967 to $139.4 billion in FY 2001 (FY 2002 HI Trustees' Report). The Medicare Supplementary Medical Insurance (SMI) benefit payments increased from $0.7 billion in FY 1967 to $97.5 billion in FY 2001 (FY 2002 SMI Trustees' Report). The greatest increase to both programs occurred between 1970 and 1980, due to the addition of coverage for disabled persons beginning in 1973.*

- *Medicare total HI and SMI administrative expenses as a percent of total HI and SMI benefit payments decreased from 7.1 percent in FY 1967 to 1.8 percent in FY 2001.*

- *As of May 2002, Medicare had 28 intermediaries and 20 carriers processing claims. Between 2000 and 2001 Part A unit costs remained the same at $0.86 per claim, while Part B units costs decreased slightly over the same period, from $0.63 to $0.61.*

- *In FY 2001, covered charges on assigned claims were reduced an average of $103.22. Covered charges on unassigned claims in FY 2001 were reduced an average of $18.59.*

## Medicare Operations of the HI Trust Fund
## Selected Fiscal Years

| Fiscal Year [1] | Payroll Taxes | Income: Transfers from Railroad Retirement Account | Income: Transfers for Uninsured Persons | Income: Reimbursement for Voluntary Enrollees | Income: Payments for Military Wage Credits | Income: Interest and Other Income [2] | Income: Total Income | Disbursements: Benefit Payments [3] | Disbursements: Administrative Expenses [4] | Disbursements: Total Disbursements | Trust Fund: Net Increase in Fund | Trust Fund: Fund at End of Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Amount in millions | | | | | | | |
| 1967 | $2,689 | $16 | $327 | | $11 | $46 | $3,089 | $2,508 | $89 | $2,597 | $492 | $1,343 |
| 1970 | 4,785 | 64 | 617 | | 11 | 137 | 5,614 | 4,804 | 149 | 4,953 | 661 | 2,677 |
| 1975 | 11,291 | 132 | 481 | $6 | 48 | 609 | 12,568 | 10,353 | 259 | 10,612 | 1,956 | 9,870 |
| 1980 | 23,244 | 244 | 697 | 17 | 141 | 1,072 | 25,415 | 23,790 | 497 | 24,288 | 1,127 | 14,490 |
| 1985 | 46,490 | 371 | 766 | 38 | 86 | 3,182 | 50,933 | 47,841 | 813 | 48,654 | 4,103 [5] | 21,277 |
| 1990 | 70,655 | 367 | 413 | 113 | 107 | 7,908 | 79,563 | 65,912 | 774 | 66,687 | 12,876 | 95,631 |
| 1995 | 98,053 | 396 | 462 | 998 | 61 | 14,876 | 114,847 | 113,583 | 1,300 | 114,883 | -36 | 129,520 |
| 1996 | 106,934 | 401 | 419 | 1,107 | -2,293 [6] | 14,565 | 121,135 | 124,088 | 1,229 | 125,317 | -4,182 | 125,338 |
| 1997 | 112,725 | 419 | 481 | 1,279 | 70 | 13,575 | 128,548 | 136,175 | 1,661 | 137,836 | -9,287 | 116,050 |
| 1998 | 121,913 | 419 | 34 | 1,320 | 67 | 14,449 | 138,203 | 135,487 [7] | 1,653 | 137,140 | 1,063 | 117,113 |
| 1999 | 134,385 | 430 | 652 | 1,401 | 71 | 16,075 | 153,015 | 129,463 [7] | 1,978 | 131,441 | 21,570 | 138,687 |
| 2000 | 137,738 | 465 | 470 | 1,392 | 2 | 19,614 | 159,681 | 127,934 [7] | 2,350 | 130,284 | 29,397 | 168,084 |
| 2001 | 151,931 | 470 | 453 | 1,440 | -1,175 [8] | 17,896 | 171,014 | 139,356 [7] | 2,368 | 141,723 | 29,290 | 197,374 |

[1] Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

[2] Other income includes recoveries of amounts reimbursed from the trust fund income that are not obligations of the trust fund, taxation of benefits, receipts from the fraud and abuse control program, and a small amount of miscellaneous income.

[3] Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

[4] Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

[5] Includes repayment of loan principal from Old Age Survivors Insurance trust fund of $1,824 million.

[6] Includes the lump sum general revenue transfer of -$2,366 million, as provided for by section 151 of P.L. 98-21.

[7] Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

[8] Includes the lump sum general revenue transfer of -$1,177 million, as provided for by section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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## Medicare Operations of the SMI Trust Fund
## Selected Fiscal Years

| Fiscal Year [1] | Income: Premiums from Participants | Income: Government Contributions [2] | Income: Interest and Other Income [3] | Income: Total Income | Disbursements: Benefit Payments | Disbursements: Administrative Expenses | Disbursements: Total Disbursements | Trust Fund: Net Increase in Fund | Trust Fund: Fund at End of Year [4] |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Amount in millions | | | | | |
| 1967 | $647 | $623 | $15 | $1,285 | $664 | $135 [5] | $799 | $486 | $486 |
| 1970 | 936 | 928 | 12 | 1,876 | 1,979 | 217 | 2,196 | -321 | 57 |
| 1975 | 1,887 | 2,330 | 105 | 4,322 | 3,765 | 405 | 4,170 | 152 | 1,424 |
| 1980 | 2,928 | 6,932 | 415 | 10,275 | 10,144 | 593 | 10,737 | -462 | 4,532 |
| 1985 | 5,524 | 17,898 | 1,155 | 24,577 | 21,808 | 922 | 22,730 | 1,847 | 10,646 |
| 1990 | 11,494 [6] | 33,210 [6] | 1,434 [6] | 46,138 [6] | 41,498 | 1,524 [6] | 43,022 [6] | 3,115 [6] | 14,527 [6] |
| 1995 | 19,244 | 36,988 [7] | 1,937 | 58,169 | 63,491 | 1,722 | 65,213 | -7,045 | 13,874 [7] |
| 1996 | 18,931 | 61,702 [7] | 1,392 | 82,025 | 67,176 | 1,771 | 68,946 | 13,079 | 26,953 [7] |
| 1997 | 19,141 | 59,471 | 2,193 | 80,806 | 71,133 | 1,420 | 72,553 | 8,253 | 35,206 |
| 1998 | 19,427 | 59,919 | 2,608 | 81,955 | 74,837 [8] | 1,435 | 76,272 | 5,683 | 40,889 |
| 1999 | 20,160 | 62,185 | 2,933 | 85,278 | 79,008 [8] | 1,510 | 80,518 | 4,760 | 45,649 |
| 2000 | 20,515 | 65,561 | 3,164 | 89,239 | 87,212 [8] | 1,780 | 88,992 | 247 | 45,896 |
| 2001 | 22,307 | 69,838 | 3,191 | 95,336 | 97,466 [8] | 1,986 | 99,452 | -4,116 | 41,780 |

[1] Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

[2] The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

[3] Other income includes recoveries of amounts reimbursed from the trust fund that are not obligations of the trust fund and other miscellaneous income.

[4] The financial status of the program depends on both the total net assets and the liabilities of the program.

[5] Administrative expenses shown include those paid in fiscal years 1966 and 1967.

[6] Includes the impact of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360)

[7] General fund transfers of $6.7 billion could not be made in FY 1995 due to the absence of funding. Subsequently, a transfer was made in March 1996. Consequently, SMI government contributions are abnormally low for FY 1995 and abnormally high for FY 1996.

[8] Benefit payments less monies transferred from the HI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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## Medicare SMI Trust Fund Income
## Selected Fiscal Years

| Fiscal Year | Total Income (less interest) | Premiums from Participants | | | Government Contributions[1,2] | | |
|---|---|---|---|---|---|---|---|
| | | Total | Aged | Disabled | Total | Aged | Disabled |
| | | | | Amount in millions | | | |
| 1967 | $1,270 | $647 | $647 | -- | $623 | $623 | -- |
| 1970 | 1,863 | 936 | 936 | -- | 928 | 928 | -- |
| 1975 | 4,217 | 1,887 | 1,736 | $151 | 2,330 | 1,711 | $619 |
| 1980 | 9,860 | 2,928 | 2,637 | 291 | 6,932 | 5,608 | 1,324 |
| 1985 | 23,422 | 5,524 | 5,042 | 482 | 17,898 | 15,072 | 2,826 |
| 1990 | 44,704 | 11,494 [3] | 10,138 | 995 | 33,210 | 31,107 | 2,103 |
| 1995 | 56,232 | 19,244 | 17,126 | 2,117 | 36,988 | 31,146 | 5,842 |
| 1996 | 80,633 | 18,931 | 16,858 | 2,073 | 61,702 | 52,353 | 9,349 |
| 1997 | 78,613 | 19,141 | 16,984 | 2,158 | 59,471 | 51,082 | 8,390 |
| 1998 | 79,346 | 19,427 | 17,153 | 2,274 | 59,919 | 51,483 | 8,436 |
| 1999 | 82,345 | 20,160 | 17,722 | 2,438 | 62,185 | 53,653 | 8,532 |
| 2000 | 86,076 | 20,515 | 17,961 | 2,554 | 65,561 | 54,741 | 10,820 |
| 2001 | 92,146 | 22,307 | 19,447 | 2,861 | 69,838 | 57,817 | 12,021 |
| Percent change | | | | | | | |
| 1967-2001 | 7,156 | 3,348 | 2,906 | -- | 11,110 | 9,180 | -- |
| 1975-2001 | 2,085 | 1,082 | 1,020 | 1,794 | 2,897 | 3,279 | 1,842 |
| 1999-2000 | 5 | 2 | 1 | 5 | 5 | 2 | 27 |
| 2000-2001 | 7 | 9 | 8 | 12 | 7 | 6 | 11 |

[1] Interest on delayed transfers from general funds is included.

[2] Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies. Since the financing rates to determine both premium rates and government contributions are set prospectively, the financing may not be adequate to cover actual program expenditures. Consequently, trust fund assets contain contingency levels to cover the impact of a reasonable degree of variation between actual and projected expenditures. The government contributions include adjustments to maintain adequate contingency levels. Some of the adjustments increase the contingency levels when they have been depleted and in other cases decrease the levels when they are more than sufficient.

[3] Total includes the catastrophic premiums due to the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360).

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds." Legislation mandates that from January 1984 through December 1990, and January 1996 and thereafter the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half the actuarial rate.

SOURCE: CMS/OACT

September 2002

## Medicare Ratio of SMI Benefit Payments to Premium Income
## Selected Fiscal Years

| Fiscal Year | Benefit Payments | | | Ratio of Benefit Payments to Premium Income | | |
|---|---|---|---|---|---|---|
| | Total | Aged | Disabled | Total | Aged | Disabled |
| | Amount in Millions | | | | | |
| 1967 | $664 | $664 | -- | 1.0 | 1.0 | -- |
| 1970 | 1,979 | 1,979 | -- | 2.1 | 2.1 | -- |
| 1975 | 3,765 | 3,289 | $476 | 2.0 | 1.9 | 3.2 |
| 1980 | 10,144 | 8,497 | 1,647 | 3.5 | 3.2 | 5.7 |
| 1985 | 21,808 | 19,077 | 2,731 | 3.9 | 3.8 | 5.7 |
| 1990 | 41,498 | 36,837 | 4,661 | 3.7 | 3.6 | 4.7 |
| 1995 | 63,491 | 54,831 | 8,660 | 3.3 | 3.2 | 4.1 |
| 1996 | 67,176 | 57,816 | 9,360 | 3.5 | 3.4 | 4.5 |
| 1997 | 71,133 | 61,002 | 10,131 | 3.7 | 3.6 | 4.7 |
| 1998 | 75,815 | 65,144 | 10,670 | 3.9 | 3.8 | 4.7 |
| 1999 | 79,187 | 68,025 | 11,162 | 3.9 | 3.8 | 4.6 |
| 2000 | 88,918 | 76,450 | 12,468 | 4.3 | 4.3 | 4.9 |
| 2001 | 100,569 | 86,078 | 14,491 | 4.5 | 4.4 | 5.1 |
| Percent change | | | | | | |
| 1967-2001 | 15,046 | 12,864 | -- | | | |
| 1975-2001 | 2,571 | 2,517 | 2,944 | | | |
| 1997-1998 | 7 | 7 | 5 | | | |
| 1998-1999 | 4 | 4 | 5 | | | |
| 1999-2000 | 12 | 12 | 12 | | | |
| 2000-2001 | 13 | 13 | 16 | | | |

NOTE: For more detail on fund transactions, see "Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds."

SOURCE: CMS/OACT September 2002

## Medicare Administrative Expenses
## Selected Fiscal Years

| Fiscal Year | Administrative Expenses: Amount in Millions | Administrative Expenses: Percent of Benefit Payments |
|---|---|---|
| HI Trust Fund | | |
| 1967 | $89 | 3.5 |
| 1970 | 149 | 3.1 |
| 1975 | 259 | 2.5 |
| 1980 | 497 | 2.1 |
| 1985 | 813 | 1.7 |
| 1990 | 774 | 1.2 |
| 1995 | 1,300 | 1.1 |
| 1996 | 1,229 | 1.0 |
| 1997 | 1,661 [1] | 1.2 |
| 1998 | 1,653 [1] | 1.2 |
| 1999 | 1,978 [1] | 1.5 |
| 2000 | 2,350 [1] | 1.9 |
| 2001 | 2,368 [1] | 1.7 |
| SMI Trust Fund | | |
| 1967 | 135 [2] | 20.3 |
| 1970 | 217 | 11.0 |
| 1975 | 405 | 10.8 |
| 1980 | 593 | 5.8 |
| 1985 | 922 | 4.2 |
| 1990 | 1,524 | 3.7 |
| 1995 | 1,722 | 2.7 |
| 1996 | 1,771 | 2.6 |
| 1997 | 1,420 | 2.0 |
| 1998 | 1,435 | 1.9 |
| 1999 | 1,510 | 1.9 |
| 2000 | 1,780 | 2.0 |
| 2001 | 1,986 | 2.0 |

[1] Includes non-expenditure transfers for Health Care Fraud and Abuse Control.

[2] Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: CMS/OACT

September 2002

## Medicare Contractors
## 2002

| | Intermediaries | Carriers |
|---|---|---|
| Blue Cross/Blue Shield | 26 | 15 |
| Other | 2 | 5 |

NOTE: Data as of May 2002.

SOURCE: CMS/OFM

## Medicare Claims Processing Costs
## Selected Fiscal Years

| | Net Unit Cost per Claim | | | | | |
|---|---|---|---|---|---|---|
| | 1975 | 1980 | 1985 | 1990 | 2000 | 2001 |
| Intermediaries [1] | $3.84 | $2.96 | $2.33 | $1.86 | $0.86 [3] | $0.86 [3] |
| Carriers [2] | $2.90 | $2.33 | $1.88 | $1.56 | $0.63 | $0.61 |

[1] Includes direct costs and overhead costs for bill payment, reconsiderations and hearings lines.
[2] Includes direct costs and overhead costs for the claims payment, reviews and hearings, and beneficiary/physician inquiries lines.
[3] Beginning in FY 1998, inquiries and PET activities are separated from other bill payment cost for intermediaries.

SOURCE: CMS/OFM

## Medicare Appeals
## Fiscal Years 2000 - 2001

| | 2000 | | 2001 | |
|---|---|---|---|---|
| | Intermediary Reconsiderations | Carrier Reviews | Intermediary Reconsiderations | Carrier Reviews |
| Number Processed | 47,805 | 3,344,925 | 50,143 | 3,722,068 |
| Percent With Increased Payments | 29.2 | 65.0 | 25.1 | 64.3 |

SOURCE: CMS/OFM

September 2002

## Medicare Physician/Supplier Claims Charge Reductions
## Selected Fiscal years 1980 - 2001

| Fiscal Year | Claims Approved | | Total Covered Charges | | |
|---|---|---|---|---|---|
| | Number in thousands | Percent Reduced | Amount in millions | Percent Reduced | Amount Reduced per Claim |
| **Assigned (HCFA-1490/1500)** | | | | | |
| 1980 | 70,937 | 80.0 | $6,878 | 22.5 | $21.81 |
| 1985 | 168,587 | 81.7 | 20,743 | 27.0 | 33.19 |
| 1986 | 188,075 | 82.5 | 24,108 | 28.4 | 36.43 |
| 1987 | 222,277 | 83.0 | 29,436 | 27.9 | 36.90 |
| 1988 | 264,096 | 85.5 | 36,083 | 29.3 | 39.97 |
| 1989 | 295,666 | 86.3 | 41,852 | 30.9 | 43.72 |
| 1990 | 329,061 | 87.6 | 48,711 | 32.6 | 48.22 |
| 1991 | 373,250 | 86.7 | 57,547 | 35.2 | 54.20 |
| 1992 | 406,502 | 87.0 | 66,062 | 39.2 | 63.60 |
| 1993 | 446,475 | 88.2 | 74,261 | 42.1 | 70.08 |
| 1994 | 496,264 | 88.1 | 82,855 | 42.5 | 71.03 |
| 1995 | 534,972 | 86.4 | 91,672 | 42.2 | 72.31 |
| 1996 | 544,639 | 87.1 | 96,205 | 44.4 | 78.42 |
| 1997 | 564,461 | 87.5 | 102,279 | 45.7 | 82.74 |
| 1998 | 573,077 | 87.6 | 105,682 | 46.5 | 85.91 |
| 1999 | 586,227 | 88.7 | 113,008 | 47.5 | 91.76 |
| 2000 | 612,875 | 88.3 | 124,024 | 47.7 | 96.69 |
| 2001 | 646,131 | 87.7 | 139,272 | 47.9 | 103.22 |
| **Unassigned (HCFA-1490/1500)** | | | | | |
| 1980 | 66,207 | 83.7 | $6,527 | 22.3 | $21.96 |
| 1985 | 77,646 | 84.6 | 10,051 | 25.6 | 33.12 |
| 1986 | 84,853 | 84.9 | 10,581 | 26.6 | 33.15 |
| 1987 | 85,160 | 82.5 | 10,516 | 25.5 | 31.44 |
| 1988 | 78,484 | 85.7 | 9,351 | 24.7 | 29.47 |
| 1989 | 74,621 | 89.2 | 8,794 | 25.2 | 29.67 |
| 1990 | 75,879 | 90.3 | 8,702 | 25.3 | 28.97 |
| 1991 | 78,450 | 90.7 | 8,134 | 24.0 | 24.84 |
| 1992 | 69,522 | 85.4 | 6,671 | 19.8 | 18.95 |
| 1993 | 54,096 | 85.5 | 4,724 | 16.9 | 14.75 |
| 1994 | 42,544 | 86.7 | 3,489 | 16.4 | 13.45 |
| 1995 | 32,695 | 83.9 | 2,725 | 15.6 | 13.01 |
| 1996 | 24,390 | 84.5 | 2,071 | 15.6 | 13.22 |
| 1997 | 19,765 | 84.4 | 1,726 | 16.3 | 14.23 |
| 1998 | 16,051 | 82.9 | 1,450 | 16.9 | 15.26 |
| 1999 | 14,061 | 81.6 | 1,321 | 17.5 | 16.49 |
| 2000 | 13,128 | 79.4 | 1,301 | 18.1 | 17.85 |
| 2001 | 12,200 | 77.7 | 1,254 | 18.1 | 18.59 |

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

SOURCE: CMS/OFM

September 2002

## Medicare Charge Determination Data for Physician/Supplier Claims
## Selected Fiscal Years 1975-2001

| Fiscal Year | Claims Paid or Applied to Deductible | | Claims on Which Charge Reductions Were Made | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | Amount of Reduction | | |
| | Number in thousands | Total Covered Charges in thousands | Number in thousands | Percent of Claims Paid or Applied to Deductible | Total in thousands | Percent of Covered Charges | Avg. Amount per Approved Claim |
| 1975 | 75,694 | $5,324,636 | 50,738 | 67.0 | $863,847 | 16.2 | $11.41 |
| 1980 | 145,157 | 13,765,039 | 113,707 | 78.3 | 3,063,364 | 22.3 | 21.10 |
| 1985 | 246,337 | 30,800,071 | 203,405 | 82.6 | 8,168,817 | 26.5 | 33.16 |
| 1986 | 272,969 | 34,692,565 | 227,127 | 83.2 | 9,664,309 | 27.9 | 35.40 |
| 1987 | 307,437 | 39,952,727 | 254,672 | 82.8 | 10,879,839 | 27.2 | 35.39 |
| 1988 | 342,580 | 45,434,338 | 293,027 | 85.5 | 12,867,579 | 28.3 | 37.56 |
| 1989 | 370,288 | 50,646,122 | 321,851 | 86.9 | 15,139,981 | 29.9 | 40.89 |
| 1990 | 404,939 | 57,413,496 | 356,775 | 88.1 | 18,063,716 | 31.5 | 44.61 |
| 1991 | 451,700 | 65,680,424 | 394,615 | 87.4 | 22,179,014 | 33.8 | 49.10 |
| 1992 | 476,024 | 72,733,350 | 413,095 | 86.8 | 27,170,734 | 37.4 | 57.08 |
| 1993 | 500,572 | 78,984,666 | 439,888 | 87.9 | 32,089,244 | 40.6 | 64.11 |
| 1994 | 538,808 | 86,344,476 | 473,907 | 88.0 | 35,823,544 | 41.5 | 66.49 |
| 1995 | 567,666 | 94,396,848 | 489,467 | 86.2 | 39,108,517 | 41.4 | 68.89 |
| 1996 | 569,029 | 98,276,302 | 494,764 | 86.9 | 43,035,169 | 43.8 | 75.63 |
| 1997 | 584,226 | 104,004,862 | 510,568 | 87.4 | 46,987,436 | 45.2 | 80.43 |
| 1998 | 589,128 | 107,132,423 | 515,427 | 87.5 | 49,475,682 | 46.2 | 83.98 |
| 1999 | 600,288 | 114,329,416 | 531,776 | 88.6 | 54,023,415 | 47.3 | 90.00 |
| 2000 | 626,003 | 125,325,545 | 551,784 | 88.1 | 59,491,359 | 47.5 | 95.03 |
| 2001 | 658,003 | 140,525,531 | 576,428 | 87.6 | 66,918,719 | 47.6 | 101.65 |

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: CMS/OFM

September 2002

## Medicaid Administrative Expenses
## Fiscal Years 1999 - 2001

| | 1999 | 2000 | 2001 |
|---|---|---|---|
| | Amount in thousands | | |
| Total Payments Computable for Federal Funding [1] | $9,492,347 | $10,577,053 | $11,880,615 |
| Federal Share [1] | | | |
| Family Planning | $21,688 | $24,045 | $23,198 |
| Design, Development or Installation of MMIS [2] | 112,790 | 73,439 | 141,923 |
| Skilled Professional Medical Personnel | 326,235 | 391,825 | 327,814 |
| Operation of an Approved MMIS | 803,165 | 847,718 | 962,534 |
| Mechanized Systems Not Approved Under MMIS [2] | 82,114 | 68,811 | 82,503 |
| All Other | 3,976,949 | 4,486,357 | 5,017,419 |
| Total Federal Share | $5,322,941 | $5,892,195 | $6,555,391 |
| Net Adjusted Federal Share [3] | $5,265,505 | $5,732,484 | $6,533,230 |

[1] Source: Form CMS-64 (Net Expenditures Reported -- Administration).
Fiscal Year 2001 is preliminary (04/2002)
[2] Medicaid Management Information System.
[3] Includes CMS adjustments.

SOURCE: CMS/CMSO September 2002

# IV. POPULATIONS

Information about persons covered by Medicare Hospital Insurance (HI) and Supplementary Medical Insurance (SMI) and Medicaid.

Medicare statistics are based on persons enrolled for coverage. Medicaid recipient counts are used as a surrogate of persons eligible for coverage. Current and trend data showing demographic and eligibility category distributions are included.

## *HIGHLIGHTS*

- *In 2001, 86 percent of the Medicare population was age 65 and over.*
- *An estimated 96 percent of the total aged population has some type of Medicare coverage.*
- *In 2001, approximately 93.1 percent of the total Medicare population was covered by both Part A and Part B.*
- *The Medicare Part A beneficiaries ages 85 and over, as a percent of all aged beneficiaries, increased from 6.2 percent in 1966 to 12.7 percent in 2001. During this same time period, the 65 to 69 year age group, as a percent of all aged beneficiaries, decreased from 34.1 percent in 1966 to 26.8 percent in 2001.*
- *The Medicare female beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, increased from 57.4 percent in 1966 to 58.5 percent in 2001. During this same time period, the Medicare male beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, decreased from 42.6 percent in 1966 to 41.5 percent in 2001.*
- *There has been an increase of 10.3 percent in the number of Medicare State Buy-Ins between 1998 and 2001.*

## Medicare Enrollees
## Selected Years

| | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2001 | 2002 | 2003 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Number in millions | | | | | |
| HI and/or SMI | | | | | | | | | |
| Total | 24.9 | 28.4 | 31.1 | 34.3 | 37.6 | 39.6 | 40.1 | 40.4 | 40.8 |
| Aged | 22.7 | 25.5 | 28.1 | 31.0 | 33.2 | 34.1 | 34.4 | 34.6 | 34.8 |
| Disabled | 2.2 | 3.0 | 2.9 | 3.3 | 4.4 | 5.4 | 5.7 | 5.8 | 6.0 |
| HI | | | | | | | | | |
| Total | 24.5 | 28.0 | 30.6 | 33.7 | 37.2 | 39.2 | 39.7 | 40.0 | 40.4 |
| Aged | 22.3 | 25.0 | 27.7 | 30.5 | 32.7 | 33.7 | 34.0 | 34.2 | 34.4 |
| Disabled | 2.2 | 3.0 | 2.9 | 3.3 | 4.4 | 5.4 | 5.7 | 5.8 | 6.0 |
| SMI | | | | | | | | | |
| Total | 23.7 | 27.3 | 29.9 | 32.6 | 35.6 | 37.3 | 37.7 | 38.0 | 38.4 |
| Aged | 21.8 | 24.6 | 27.2 | 29.6 | 31.7 | 32.6 | 32.7 | 32.9 | 33.1 |
| Disabled | 1.9 | 2.7 | 2.7 | 2.9 | 3.9 | 4.8 | 5.0 | 5.2 | 5.3 |
| HI and SMI | 23.4 | 26.8 | 29.4 | 32.1 | 35.2 | 36.9 | 37.2 | 37.6 | 38.0 |
| HI Only | 1.1 | 1.2 | 1.2 | 1.7 | 2.0 | 2.3 | 2.4 | 2.4 | 2.5 |
| SMI Only | 0.4 | 0.4 | 0.5 | 0.5 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 |

NOTES: Historical data through 2001. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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## Medicare HI and/or SMI Enrollment Demographics
## 2001

| | Total | Male | Female |
|---|---|---|---|
| All Persons | 40,025,717 | 17,353,117 | 22,672,600 |
| Aged Persons | 34,457,024 | 14,260,623 | 20,196,401 |
| 65 - 74 | 17,764,379 | 8,110,710 | 9,653,669 |
| 75 - 84 | 12,303,987 | 4,878,705 | 7,425,282 |
| 85 and over | 4,388,658 | 1,271,208 | 3,117,450 |
| Disabled Persons | 5,568,693 | 3,092,494 | 2,476,199 |
| Under 45 | 1,658,257 | 957,676 | 700,581 |
| 45 - 54 | 1,727,547 | 963,430 | 764,117 |
| 55 - 64 | 2,182,889 | 1,171,388 | 1,011,501 |
| White | 34,014,934 | 14,725,880 | 19,289,054 |
| Black | 3,801,185 | 1,608,577 | 2,192,608 |
| All Other | 2,110,755 | 984,612 | 1,126,143 |
| Native American | 67,159 | 32,607 | 34,552 |
| Asian/Pacific | 569,799 | 248,527 | 321,272 |
| Hispanic | 922,492 | 437,872 | 484,620 |
| Other | 551,305 | 265,606 | 285,699 |
| Unknown Race | 98,843 | 34,048 | 64,795 |

NOTES: Data as of July 1 based on the 100% Denominator File. Totals do not necessarily equal the sum of the rounded components. Data by race are shown by the Office of Management and Budget Statistical Directive 15 (Federal Register, 1978). The use of the category of Other reflects CMS's use of SSA's Master Beneficiary Record which was not expanded. See Arday et al., "HCFA's Racial and Ethnic Data: Current Accuracy and Recent Improvements," HCF Review, Vol. 21, No. 4.

SOURCE: CMS/ORDI

## Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics
## 2001

| | Number of Enrollees |
|---|---|
| All Persons | 356,319 |
| Age | |
| Under 35 | 28,887 |
| 35-44 | 39,806 |
| 45-64 | 133,814 |
| 65 and over | 153,812 |
| Sex | |
| Male | 193,671 |
| Female | 162,648 |
| Race | |
| White | 199,866 |
| Non-white | 155,292 |
| Unknown | 1,161 |

NOTES: Data reflect persons ever enrolled. Based on the 2001 Denominator File.

SOURCE: CMS/ORDI

September 2002

## Medicare HI Enrollment Demographics
## Selected Years

| Year | Number in thousands | Percent Distribution by Age | | | | | | Median Age in Years |
|---|---|---|---|---|---|---|---|---|
| | | Total | 65-69 | 70-74 | 75-79 | 80-84 | 85+ | |
| 1966 | 19,082 | 100.0 | 34.1 | 28.7 | 19.8 | 11.2 | 6.2 | 72.6 |
| 1970 | 20,361 | 100.0 | 33.3 | 27.2 | 20.3 | 12.0 | 7.2 | 73.0 |
| 1975 | 22,472 | 100.0 | 33.5 | 26.3 | 19.3 | 12.5 | 8.4 | 73.0 |
| 1980 | 25,104 | 100.0 | 33.1 | 26.3 | 18.8 | 12.2 | 9.6 | 73.0 |
| 1985 | 27,683 | 100.0 | 31.9 | 26.3 | 19.2 | 12.3 | 10.3 | 73.3 |
| 1990 | 30,464 | 100.0 | 31.4 | 25.7 | 19.5 | 12.7 | 10.7 | 73.5 |
| 1995 | 32,742 | 100.0 | 28.7 | 26.4 | 19.8 | 13.5 | 11.6 | 74.0 |
| 1999 | 33,519 | 100.0 | 26.8 | 25.5 | 21.3 | 14.0 | 12.4 | 74.6 |
| 2000 | 33,841 | 100.0 | 26.9 | 25.1 | 21.3 | 14.2 | 12.6 | 74.6 |
| 2001 | 34,039 | 100.0 | 26.8 | 24.8 | 21.1 | 14.5 | 12.7 | 74.7 |

| Year | All Persons | Percent Distribution of Aged Enrollees by Sex and Race | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Male | | | | Female | | | |
| | | Total | White | Non-White | Unknown | Total | White | Non-White | Unknown |
| 1966 | 100.0 | 42.6 | 38.6 | 3.4 | 0.6 | 57.4 | 50.8 | 4.1 | 2.5 |
| 1970 | 100.0 | 41.8 | 37.4 | 3.5 | 0.9 | 58.2 | 51.9 | 4.4 | 1.9 |
| 1975 | 100.0 | 40.8 | 36.2 | 3.6 | 1.0 | 59.2 | 52.8 | 4.7 | 1.7 |
| 1980 | 100.0 | 40.4 | 35.7 | 3.7 | 1.1 | 59.5 | 52.9 | 4.9 | 1.7 |
| 1985 | 100.0 | 40.3 | 35.4 | 3.7 | 1.2 | 59.7 | 52.8 | 5.1 | 1.8 |
| 1990 | 100.0 | 40.3 | 35.2 | 3.9 | 1.2 | 57.7 | 52.1 | 5.8 | 1.9 |
| 1995 | 100.0 | 40.7 | 35.9 | 3.8 | 1.0 | 59.3 | 52.2 | 5.8 | 1.4 |
| 1999 | 100.0 | 41.0 | 35.6 | 3.8 | 1.5 | 59.0 | 50.8 | 6.1 | 2.1 |
| 2000 | 100.0 | 41.3 | 36.2 | 5.0 | 0.1 | 58.7 | 51.2 | 7.3 | 0.2 |
| 2001 | 100.0 | 41.5 | 36.3 | 5.1 | 0.1 | 58.5 | 50.9 | 7.4 | 0.2 |

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components. Beginning in 2000, the 100% Denominator File was used for preparing estimates of distribution by age groups and race. The detail on race available in that source allows additional breakouts of some non-white enrollees formerly classified as unknown.

SOURCES: CMS/OIS/ORDI

September 2002

## Medicare State Buy-Ins for SMI
## 1998 - 2001

| Type of Beneficiary [1] | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|
| All Persons | | | | |
| Number | 5,209,297 | 5,391,704 | 5,549,170 | 5,744,330 |
| Percent of SMI Enrolled | 14.2 | 14.5 | 14.9 | 15.2 |
| Aged | | | | |
| Number | 3,474,102 | 3,562,777 | 3,632,069 | 3,713,670 |
| Percent of SMI Enrolled | 10.7 | 11.0 | 11.1 | 11.3 |
| Disabled | | | | |
| Number | 1,735,195 | 1,828,927 | 1,917,101 | 2,030,660 |
| Percent of SMI Enrolled | 39.7 | 40.5 | 41.2 | 41.2 |

[1] Buy-ins represent beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year. Percent calculated using Part B person-years.

SOURCE: CMS/ORDI September 2002

## Medicaid Enrollment and Beneficiaries
## Selected Fiscal Years

| | 1975 | 1980 | 1985 | 1990 | 1995 | 1999 | 2000 | 2001 | 2002 | 2003 |
|---|---|---|---|---|---|---|---|---|---|---|
| Enrollment (person-years) | | | | | Number in millions | | | | | |
| Total | NA | NA | NA | 22.9 | 33.4 | 32.8 | 34.0 | 36.9 | 39.0 | 40.4 |
| Aged | NA | NA | NA | 3.1 | 3.7 | 3.8 | 3.9 | 4.1 | 4.2 | 4.3 |
| Blind/Disabled | NA | NA | NA | 3.8 | 5.8 | 6.6 | 6.8 | 7.2 | 7.5 | 7.7 |
| Children | NA | NA | NA | 10.7 | 16.5 | 16.3 | 16.7 | 18.0 | 18.9 | 19.6 |
| Adults | NA | NA | NA | 4.9 | 6.7 | 6.2 | 6.7 | 7.7 | 8.4 | 8.8 |
| Other Title XIX | NA | NA | NA | 0.5 | 0.6 | NA | NA | NA | NA | NA |
| Beneficiaries | | | | | Number in millions | | | | | |
| Total | 22.4 | 21.6 | 21.8 | 25.3 | 36.3 | 41.0 | 42.5 | 46.1 | 48.9 | 50.7 |
| Aged | 3.7 | 3.4 | 3.1 | 3.2 | 4.2 | 4.5 | 4.5 | 4.8 | 4.9 | 5.0 |
| Blind/Disabled | 2.4 | 2.8 | 3.0 | 3.7 | 6.0 | 7.3 | 7.5 | 7.9 | 8.3 | 8.5 |
| Children | 9.8 | 9.3 | 9.8 | 11.2 | 17.6 | 20.9 | 21.5 | 23.1 | 24.3 | 25.2 |
| Adults | 4.7 | 4.8 | 5.5 | 6.0 | 7.8 | 8.4 | 9.0 | 10.4 | 11.4 | 12.0 |
| Other Title XIX | 1.9 | 1.5 | 1.2 | 1.1 | 0.6 | NA | NA | NA | NA | NA |

NOTES: Beneficiaries are enrollees on behalf of whom at least one payment is made during the fiscal year. Prior to 1991, beneficiary categories do not add to total because beneficiaries could be reported in more than one category. Totals after 1990 may not add due to rounding. Aged and Blind/Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB). Children and Adult groups include both AFDC/TANF and poverty level recipients who are not disabled. Beneficiary data for fiscal years 1975-1995 are historical data from OIS as reported by states. Enrollment and beneficiary projections for fiscal years 1999-2003 were prepared by the Office of the Actuary for the President's FY 2003 budget. FY 1998-2003 do not include the State Children's Health Insurance Program (SCHIP).

In 1997, the Other Title XIX category was dropped and the enrollees therein were subsumed in the remaining categories. In 1998, Medicaid beneficiaries were redefined to include enrollees on behalf of whom a capitation payment is paid. The large increase between 1995 and 1999 is primarily the result of this change of definition.

SOURCES: CMS/CMSO/OIS/OACT

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## Medicaid Recipient Demographics
## Selected Fiscal Years

| | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|
| All Recipients in thousands | 36,118 | 33,579 | 40,096 | 40,264 |
| | | Percent Distribution | | |
| Age | 100.0 | 100.0 | 100.0 | 100.0 |
| Under 21 | 50.6 | 51.8 | 51.9 | 51.0 |
| 21 - 64 | 30.8 | 31.5 | 30.3 | 28.9 |
| 65 and over | 13.0 | 13.6 | 11.6 | 10.7 |
| Unknown | 5.6 | 3.0 | 6.2 | 9.5 |
| Sex | 100.0 | 100.0 | 100.0 | 100.0 |
| Male | 36.4 | 37.5 | 36.7 | 36.4 |
| Female | 57.9 | 59.4 | 55.8 | 54.1 |
| Unknown | 5.7 | 3.1 | 7.5 | 9.5 |
| Race | 100.0 | 100.0 | 100.0 | 100.0 |
| White | 44.8 | 46.1 | 41.8 | 41.1 |
| Black | 23.9 | 24.4 | 24.6 | 24.2 |
| American Indian/Alaskan Native | 0.8 | 1.0 | 0.8 | 1.2 |
| Asian/Pacific Islander | 2.1 | 2.0 | 2.5 | 2.3 |
| Hispanic | 17.5 | 14.8 | 15.8 | 15.7 |
| Unknown | 10.9 | 11.6 | 14.4 | 15.5 |

NOTES: The percent distribution is based on rounded numbers. Totals do not necessarily equal the sum of rounded components. These estimates may differ from those based on Medicaid person-years of enrollment. Beginning in FY 1998, Medicaid recipients were redefined to include those eligibles for whom a capitated payment was made.

SOURCES: CMS/CMSO/OIS/ORDI

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## Life Expectancy at Birth and at Age 65 by Race and Sex: United States
## Selected Calendar Years

| Calendar Year | All Races | | | White | | | Black | | |
|---|---|---|---|---|---|---|---|---|---|
| | Both Sexes | Men | Women | Both Sexes | Men | Women | Both Sexes | Men | Women |
| | | | | At Birth | | | | | |
| 1950 | 68.2 | 65.6 | 71.1 | 69.1 | 66.5 | 72.2 | 60.7 | 58.9 | 62.7 |
| 1980 | 73.7 | 70.0 | 77.4 | 74.4 | 70.7 | 78.1 | 68.1 | 63.8 | 72.5 |
| 1985 | 74.7 | 71.1 | 78.2 | 75.3 | 71.8 | 78.7 | 69.3 | 65.0 | 73.4 |
| 1990 | 75.4 | 71.8 | 78.8 | 76.1 | 72.7 | 79.4 | 69.1 | 64.5 | 73.6 |
| 1992 | 75.8 | 72.3 | 79.1 | 76.5 | 73.2 | 79.8 | 69.6 | 65.0 | 73.9 |
| 1994 | 75.7 | 72.4 | 79.0 | 76.5 | 73.3 | 79.6 | 69.5 | 64.9 | 73.9 |
| 1995 | 75.8 | 72.5 | 78.9 | 76.5 | 73.4 | 79.6 | 69.6 | 65.2 | 73.9 |
| 1996 | 76.1 | 73.1 | 79.1 | 76.8 | 73.9 | 79.7 | 70.2 | 66.1 | 74.2 |
| 1997 | 76.5 | 73.6 | 79.4 | 77.1 | 74.3 | 79.9 | 71.1 | 67.2 | 74.7 |
| 1998 | 76.7 | 73.8 | 79.5 | 77.3 | 74.5 | 80.0 | 71.3 | 67.6 | 74.8 |
| 1999 | 76.7 | 73.9 | 79.4 | 77.3 | 74.6 | 79.9 | 71.4 | 67.8 | 74.7 |
| 2000 [1] | 76.9 | 74.1 | 79.5 | 77.4 | 74.8 | 80.0 | 71.8 | 68.3 | 75.0 |
| | | | | At Age 65 | | | | | |
| 1950 | 13.9 | 12.8 | 15.0 | NA | 12.8 | 15.1 | 13.9 | 12.9 | 14.9 |
| 1980 | 16.4 | 14.1 | 18.3 | 16.5 | 14.2 | 18.4 | 15.1 | 13.0 | 16.8 |
| 1985 | 16.7 | 14.5 | 18.5 | 16.8 | 14.5 | 18.7 | 15.2 | 13.0 | 16.9 |
| 1990 | 17.2 | 15.1 | 18.9 | 17.3 | 15.2 | 19.1 | 15.4 | 13.2 | 17.2 |
| 1992 | 17.5 | 15.4 | 19.2 | 17.6 | 15.5 | 19.3 | 15.7 | 13.5 | 17.4 |
| 1994 | 17.4 | 15.5 | 19.0 | 17.5 | 15.6 | 19.1 | 15.7 | 13.6 | 17.2 |
| 1995 | 17.4 | 15.6 | 18.9 | 17.6 | 15.7 | 19.1 | 15.6 | 13.6 | 17.1 |
| 1996 | 17.5 | 15.7 | 19.0 | 17.6 | 15.8 | 19.1 | 15.8 | 13.9 | 17.2 |
| 1997 | 17.7 | 15.9 | 19.2 | 17.8 | 16.0 | 19.3 | 16.1 | 14.2 | 17.6 |
| 1998 | 17.8 | 16.0 | 19.2 | 17.8 | 16.1 | 19.3 | 16.1 | 14.3 | 17.4 |
| 1999 | 17.7 | 16.0 | 19.1 | 17.8 | 16.1 | 19.2 | 16.0 | 14.3 | 17.3 |
| 2000 [1] | 17.9 | 16.3 | 19.2 | 17.9 | 16.3 | 19.2 | 16.2 | 14.6 | 17.5 |

[1] Preliminary data for 2000.

SOURCE: Public Health Service, Health United States, 2002 (preliminary)

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## Life Expectancy at Age 65
## Based on U.S. Life Table Functions

| Calendar Year | Male | Female |
|---|---|---|
| | Number in years | |
| 1965 | 12.9 | 16.3 |
| 1970 | 13.1 | 17.1 |
| 1975 | 13.7 | 18.0 |
| 1980 | 14.0 | 18.4 |
| 1985 | 14.4 | 18.6 |
| 1990 | 15.0 | 19.0 |
| 1991 | 15.1 | 19.1 |
| 1992 | 15.2 | 19.2 |
| 1993 | 15.1 | 19.0 |
| 1994 | 15.3 | 19.0 |
| 1995 | 15.3 | 19.0 |
| 1996 | 15.4 | 19.0 |
| 1997 | 15.5 | 19.1 |
| 1998 | 15.6 | 19.0 |
| 1999 | 15.7 | 18.9 |
| 2000 [1] | 15.7 | 19.0 |
| 2005 [2] | 16.0 | 19.1 |
| 2010 [2] | 16.4 | 19.4 |
| 2015 [2] | 16.7 | 19.7 |
| 2020 [2] | 17.0 | 20.0 |
| 2025 [2] | 17.3 | 20.3 |
| 2030 [2] | 17.7 | 20.6 |
| 2035 [2] | 18.0 | 20.9 |
| 2040 [2] | 18.3 | 21.2 |
| 2045 [2] | 18.6 | 21.5 |
| 2050 [2] | 18.8 | 21.8 |
| 2055 [2] | 19.1 | 22.1 |
| 2060 [2] | 19.4 | 22.4 |
| 2065 [2] | 19.7 | 22.6 |
| 2070 [2] | 19.9 | 22.9 |

[1] Preliminary or estimated.
[2] Projected.

NOTE: The life expectancy is the average number of years of life remaining to a person if he were to experience the age-specific mortality rates for the tabulated year throughout the remainder of his life.

SOURCE: SSA/OACT September 2002

# V. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., discharges, days of care; and (3) dimension of the services rendered, e.g. length of stay, charges per day. Utilization data are distributed for program coverage categories and type of service.

## *HIGHLIGHTS*

- *The number of aged Medicare enrollees who received a covered service increased from 528 per 1,000 in 1975 to 916 per 1,000 enrollees in 2000.*

- *The number of disabled Medicare enrollees receiving services per 1,000 enrollees increased from 450 to 835 during the same period.*

- *The total number of all outpatient visits in the United States and the adjusted expense per patient day has increased steadily since 1983.*

- *The Medicare average length of stay for all short-stay and excluded units has been dropping for the past several years.*

- *The Medicare aged persons served rate per 1,000 enrollees for Medicare skilled nursing facilities has grown five-fold from 1982 to 2000. During the same period, the home health agencies Medicare aged persons served rate per 1,000 enrollees more than doubled.*

## Medicare Short-Stay Hospital Utilization
## Selected Fiscal Years

| | 1990 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|
| Discharges | | | | | |
| Total in millions | 10.5 | 11.9 | 11.9 | 11.7 | 11.8 |
| Rate per 1,000 Enrollees [1] | 313 | 317 | 319 | 310 | 303 |
| Days of Care | | | | | |
| Total in millions | 94 | 76 | 74 | 71 | 71 |
| Rate per 1,000 Enrollees [1] | 2,805 | 2,014 | 1,972 | 1,897 | 1,825 |
| Average Length of Stay | | | | | |
| All short-stay | 9.0 | 6.4 | 6.2 | 6.1 | 6.0 |
| Excluded Units [2] | 19.5 | 13.4 | 12.9 | 12.6 | 12.3 |
| Total Charges per Day | $1,060 | $2,167 | $2,332 | $2,496 | $2,720 |

[1] The population base is HI enrollment excluding HI enrollees residing in foreign countries and should be treated as preliminary.

[2] Includes alcohol/drug, psychiatric, and rehabilitation units through 1990, and psychiatric and rehabilitation units from 1997 through 2000.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. The data for 1990 through 2000 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/OIS September 2002

## Medicare Short-Stay Hospital Days per Person by Days of Care
## Calendar Year 2000

| Total Days of Care | Persons Using Number of Days | Percent Distribution | Cumulative Percent Distribution | Total Days Used | Percent Distribution | Days Per Person |
|---|---|---|---|---|---|---|
| TOTAL | 6,936,255 | 100.0 | --- | 70,040,520 | 100.0 | 10.1 |
| 1 day | 674,680 | 9.7 | 9.7 | 674,680 | 1.0 | 1.0 |
| 2 days | 728,735 | 10.5 | 20.2 | 1,457,470 | 2.1 | 2.0 |
| 3 days | 760,030 | 11.0 | 31.2 | 2,280,090 | 3.3 | 3.0 |
| 4 days | 655,890 | 9.5 | 40.6 | 2,623,560 | 3.7 | 4.0 |
| 5 days | 524,760 | 7.6 | 48.2 | 2,623,800 | 3.7 | 5.0 |
| 6 days | 430,740 | 6.2 | 54.4 | 2,584,440 | 3.7 | 6.0 |
| 7 days | 368,905 | 5.3 | 59.7 | 2,582,335 | 3.7 | 7.0 |
| 8 days | 300,935 | 4.3 | 64.1 | 2,407,480 | 3.4 | 8.0 |
| 9 days | 250,010 | 3.6 | 67.7 | 2,250,090 | 3.2 | 9.0 |
| 10 days | 217,625 | 3.1 | 70.8 | 2,176,250 | 3.1 | 10.0 |
| 11 days | 186,965 | 2.7 | 73.5 | 2,056,615 | 2.9 | 11.0 |
| 12 days | 163,145 | 2.4 | 75.9 | 1,957,740 | 2.8 | 12.0 |
| 13 days | 145,865 | 2.1 | 78.0 | 1,896,245 | 2.7 | 13.0 |
| 14 days | 134,855 | 1.9 | 79.9 | 1,887,970 | 2.7 | 14.0 |
| 15 days | 118,150 | 1.7 | 81.6 | 1,772,250 | 2.5 | 15.0 |
| 16 days | 103,550 | 1.5 | 83.1 | 1,656,800 | 2.4 | 16.0 |
| 17 days | 90,445 | 1.3 | 84.4 | 1,537,565 | 2.2 | 17.0 |
| 18 days | 82,620 | 1.2 | 85.6 | 1,487,160 | 2.1 | 18.0 |
| 19 days | 73,785 | 1.1 | 86.7 | 1,401,915 | 2.0 | 19.0 |
| 20 days | 68,915 | 1.0 | 87.7 | 1,378,300 | 2.0 | 20.0 |
| 21-30 days | 431,960 | 6.2 | 93.9 | 10,709,295 | 15.3 | 24.8 |
| 31-40 days | 194,265 | 2.8 | 96.7 | 6,778,770 | 9.7 | 34.9 |
| 41-50 days | 98,060 | 1.4 | 98.1 | 4,410,970 | 6.3 | 45.0 |
| 51-60 days | 53,145 | 0.8 | 98.9 | 2,922,740 | 4.2 | 55.0 |
| 61-90 days | 58,085 | 0.8 | 99.7 | 4,172,300 | 6.0 | 71.8 |
| 91 days or more | 20,135 | 0.3 | 100.0 | 2,353,690 | 3.4 | 116.9 |

NOTES: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays. Days from all stays are combined. Calendar year data are derived from 2000 MEDPAR stay file. This file includes stays recorded in CMS central office through June 2001. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

September 2002

## Medicare Short-Stay Hospital Discharges by Length of Stay
## Calendar Year 2000

| Total Length of Stay | Discharges (aged and disabled) | | | Total Days of Care | | |
|---|---|---|---|---|---|---|
| | Number | Percent Distribution | Cumulative Percent Distribution | Number | Percent Distribution | Cumulative Percent Distribution |
| TOTAL | 11,716,800 | 100.0 | -- | 70,040,520 | 100.0 | -- |
| 1 day | 1,519,790 | 13.0 | 13.0 | 1,519,790 | 2.2 | 2.2 |
| 2 days | 1,621,895 | 13.8 | 26.8 | 3,243,790 | 4.6 | 6.8 |
| 3 days | 1,706,830 | 14.6 | 41.4 | 5,120,490 | 7.3 | 14.1 |
| 4 days | 1,446,705 | 12.3 | 53.7 | 5,786,820 | 8.3 | 22.4 |
| 5 days | 1,113,830 | 9.5 | 63.2 | 5,569,150 | 8.0 | 30.3 |
| 6 days | 860,055 | 7.3 | 70.6 | 5,160,330 | 7.4 | 37.7 |
| 7 days | 700,500 | 6.0 | 76.6 | 4,903,500 | 7.0 | 44.7 |
| 8 days | 518,055 | 4.4 | 81.0 | 4,144,440 | 5.9 | 50.6 |
| 9 days | 383,245 | 3.3 | 84.2 | 3,449,205 | 4.9 | 55.5 |
| 10 days | 299,820 | 2.6 | 86.8 | 2,998,200 | 4.3 | 59.8 |
| 11 days | 238,945 | 2.0 | 88.8 | 2,628,395 | 3.8 | 63.6 |
| 12 days | 189,140 | 1.6 | 90.5 | 2,269,680 | 3.2 | 66.8 |
| 13 days | 159,940 | 1.4 | 91.8 | 2,079,220 | 3.0 | 69.8 |
| 14 days | 148,820 | 1.3 | 93.1 | 2,083,480 | 3.0 | 72.8 |
| 15 days | 115,345 | 1.0 | 94.1 | 1,730,175 | 2.5 | 75.2 |
| 16 days | 89,820 | 0.8 | 94.8 | 1,437,120 | 2.1 | 77.3 |
| 17 days | 73,485 | 0.6 | 95.5 | 1,249,245 | 1.8 | 79.1 |
| 18 days | 62,075 | 0.5 | 96.0 | 1,117,350 | 1.6 | 80.7 |
| 19 days | 52,625 | 0.4 | 96.5 | 999,875 | 1.4 | 82.1 |
| 20 days | 47,605 | 0.4 | 96.9 | 952,100 | 1.4 | 83.4 |
| 21-30 days | 241,540 | 2.1 | 98.9 | 5,890,895 | 8.4 | 91.9 |
| 31-40 days | 70,240 | 0.6 | 99.5 | 2,435,880 | 3.5 | 95.3 |
| 41-50 days | 28,165 | 0.2 | 99.8 | 1,260,945 | 1.8 | 97.1 |
| 51-60 days | 12,655 | 0.1 | 99.9 | 694,965 | 1.0 | 98.1 |
| 61-90 days | 11,670 | 0.1 | 100.0 | 832,615 | 1.2 | 99.3 |
| 91 days or more | 4,005 | 0.0 | 100.0 | 482,865 | 0.7 | 100.0 |

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 2000 MEDPAR stay file. This file includes stays recorded in CMS central office through June 2001. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

September 2002

## Medicare Short-Stay Hospital DRGs Ranked by Discharges
## Fiscal Year 2000

| Rank | DRG No. | DRG Relative Weight | Discharges[1] Number | Discharges[1] Percent | Average Length of Stay | Average Charge Per Discharge | Total Payments[2] (in thousands) | Total Medicare Payments (in thousands) | Beneficiary Payments[3] (in thousands) | Average Payments[4] Total | Average Payments[4] Medicare | Average Payments[4] Beneficiary |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 11,778,705 | 100.0 | 6.0 | $14,570 | $88,043,604 | $81,288,767 | $6,754,836 | $7,475 | $6,901 | $573 |
| 1 | 127 | 1.0144 | 685,026 | 5.8 | 5.3 | 11,227 | 3,464,848 | 3,122,012 | 342,836 | 5,058 | 4,558 | 500 |
| 2 | 089 | 1.0855 | 531,770 | 4.5 | 6.0 | 11,561 | 2,782,405 | 2,472,562 | 309,843 | 5,232 | 4,650 | 583 |
| 3 | 088 | 0.9406 | 397,090 | 3.4 | 5.1 | 9,934 | 1,771,809 | 1,548,616 | 223,192 | 4,462 | 3,900 | 562 |
| 4 | 209 | 2.1175 | 346,360 | 2.9 | 5.1 | 22,710 | 3,441,399 | 3,205,099 | 236,301 | 9,936 | 9,254 | 682 |
| 5 | 116 | 2.4651 | 334,384 | 2.8 | 3.6 | 26,492 | 4,043,940 | 3,850,745 | 193,195 | 12,094 | 11,516 | 578 |
| 6 | 014 | 1.1914 | 324,325 | 2.8 | 5.9 | 13,372 | 1,892,185 | 1,693,462 | 198,722 | 5,834 | 5,221 | 613 |
| 7 | 430 | 0.7881 | 314,054 | 2.7 | 11.2 | 12,860 | 1,983,293 | 1,790,710 | 192,583 | 6,315 | 5,702 | 613 |
| 8 | 462 | 1.3599 | 265,937 | 2.3 | 13.0 | 18,589 | 2,585,021 | 2,527,144 | 57,877 | 9,720 | 9,503 | 218 |
| 9 | 182 | 0.7821 | 246,678 | 2.1 | 4.3 | 8,729 | 938,842 | 805,051 | 133,792 | 3,806 | 3,264 | 542 |
| 10 | 174 | 0.9981 | 242,866 | 2.1 | 4.8 | 11,097 | 1,200,185 | 1,065,702 | 134,483 | 4,942 | 4,388 | 554 |
| 11 | 296 | 0.8556 | 241,497 | 2.1 | 5.2 | 9,635 | 1,047,779 | 927,936 | 119,843 | 4,339 | 3,842 | 496 |
| 12 | 143 | 0.5342 | 206,493 | 1.8 | 2.1 | 6,076 | 541,827 | 414,815 | 127,012 | 2,624 | 2,009 | 615 |
| 13 | 138 | 0.8154 | 196,316 | 1.7 | 4.0 | 9,250 | 792,294 | 684,206 | 108,087 | 4,036 | 3,485 | 551 |
| 14 | 320 | 0.8647 | 188,954 | 1.6 | 5.3 | 9,673 | 818,871 | 713,417 | 105,454 | 4,334 | 3,776 | 558 |
| 15 | 416 | 1.4988 | 185,469 | 1.6 | 7.4 | 17,708 | 1,451,963 | 1,349,449 | 102,514 | 7,829 | 7,276 | 553 |
| 16 | 079 | 1.6439 | 171,606 | 1.5 | 8.5 | 18,378 | 1,413,033 | 1,323,307 | 89,726 | 8,234 | 7,711 | 523 |
| 17 | 121 | 1.6295 | 163,538 | 1.4 | 6.4 | 17,326 | 1,173,528 | 1,157,997 | 86,871 | 7,176 | 7,081 | 531 |
| 18 | 132 | 0.6713 | 149,428 | 1.3 | 3.0 | 7,310 | 477,693 | 400,759 | 76,933 | 3,197 | 2,682 | 515 |
| 19 | 015 | 0.7397 | 146,750 | 1.2 | 3.6 | 8,266 | 524,375 | 431,909 | 92,466 | 3,573 | 2,943 | 630 |
| 20 | 124 | 1.4020 | 134,209 | 1.1 | 4.3 | 16,088 | 925,754 | 852,216 | 73,538 | 6,898 | 6,350 | 548 |
| 21 | 148 | 3.4289 | 130,773 | 1.1 | 12.2 | 38,627 | 2,422,034 | 2,337,926 | 84,108 | 18,521 | 17,878 | 643 |
| 22 | 210 | 1.8028 | 122,362 | 1.0 | 6.8 | 20,048 | 1,063,378 | 986,213 | 77,165 | 8,690 | 8,060 | 631 |
| 23 | 478 | 2.3515 | 109,246 | 0.9 | 7.3 | 27,291 | 1,389,865 | 1,331,303 | 58,562 | 12,722 | 12,186 | 536 |
| 24 | 475 | 3.7065 | 108,221 | 0.9 | 11.2 | 42,560 | 2,188,571 | 2,120,341 | 68,230 | 20,223 | 19,593 | 630 |
| 25 | 316 | 1.3380 | 106,101 | 0.9 | 6.6 | 15,298 | 720,815 | 702,233 | 18,582 | 6,794 | 6,619 | 175 |

[1] Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.
[2] Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments and beneficiary obligations. Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.
[3] Beneficiary payments are the responsibility of the beneficiary or other third party payer.
[4] Average payments are calculated using actual dollar amount, not rounded data as shown.

SOURCE: CMS/OIS

September 2002

## Medicare Ranking for all Short-Stay Hospitals
## Fiscal Year 2000 versus 1999

| FY Rank 2000 | FY Rank 1999 | DRG Number | Descriptions |
|---|---|---|---|
| 1 | 1 | 127 | Heart Failure and Shock |
| 2 | 2 | 089 | Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions |
| 3 | 3 | 088 | Chronic Obstructive Pulmonary Disease |
| 4 | 4 | 209 | Major Joint and Limb Reattachment Procedures |
| 5 | 6 | 116 | Other Perm Cardiac Pacemaker Implant or Acid Lead or Generator Procedure |
| 6 | 5 | 014 | Specific Cerebrovascular Disorders Except Transient Ischemic Attack |
| 7 | 7 | 430 | Psychoses |
| 8 | 8 | 462 | Rehabilitation |
| 9 | 11 | 182 | Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions |
| 10 | 9 | 174 | Gastrointestinal Hemorrhage with Complicating Conditions |
| 11 | 10 | 296 | Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions |
| 12 | 14 | 143 | Chest Pain |
| 13 | 13 | 138 | Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions |
| 14 | 16 | 320 | Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions |
| 15 | 12 | 416 | Septicemia, Age over 17 |
| 16 | 15 | 079 | Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions |
| 17 | 17 | 121 | Circulatory Disorders with Acute Myocardial Infarction, with Cardiovascular Complications, Discharged Alive |
| 18 | 18 | 132 | Atherosclerosis with Complicating Conditions |
| 19 | 19 | 015 | Transient Ischemic Attack and Precerebral Occlusions |
| 20 | 20 | 124 | Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis |
| 21 | 21 | 148 | Major Small and Large Bowel Procedures with Complicating Conditions |
| 22 | 22 | 210 | Hip and Femur Procedures except Major Joint, Age over 17 with Complicating Conditions |
| 23 | 23 | 478 | Other Vascular Procedures with Complicating Conditions |
| 24 | 24 | 475 | Respiratory System Diagnosis with Ventilator Support |
| 25 | 25 | 316 | Renal Failure |

SOURCE: CMS/OIS

September 2002

## Medicare Leading Part B Procedure Codes Based on Allowed Charges
## Calendar Year 2000

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges[1] |
|---|---|---|---|
| All Procedure Codes[2] | | $67,102,165,000 | 100.0 |
| Leading Procedure Codes[3] | | 32,847,084,678 | 49.0 |
| 99213 | Office/outpatient evaluation and management, established patient, level 3 | 4,223,341,524 | 6.3 |
| 99214 | Evaluation and Management, established patient, level 4 | 2,536,736,293 | 3.8 |
| 99232 | Subsequent hospital care, per day, evaluation and management, level 2 | 2,127,965,468 | 3.2 |
| 66984 | Remove cataract, insert lens | 1,880,120,539 | 2.8 |
| 99233 | Subsequent hospital care, per day, evaluation and management, level 2 | 973,451,372 | 1.5 |
| 99212 | Office/outpatient visit, est | 955,833,657 | 1.4 |
| 99231 | Subsequent hospital care, per day, evaluation and management, level 1 | 847,597,401 | 1.3 |
| 99223 | Initial hospital care for evaluation and management, level 3 | 703,906,975 | 1.0 |
| 88305 | Level II - Surgical pathology, gross and microscopic examination | 638,755,359 | 1.0 |
| 99215 | Office/outpatient evaluation and management, established patient, level 5 | 592,998,991 | 0.9 |
| 99254 | Initial inpatient consultation for a new or established patient, level 4 | 591,364,609 | 0.9 |
| 99285 | Emergency department evaluation and management, level 5 | 559,847,501 | 0.8 |
| 99244 | Office consultation for a new or established patient, level 4 | 557,853,681 | 0.8 |
| 93307 | Echocardiography, real-time with image documentation (2D), complete | 539,909,917 | 0.8 |
| 92014 | Eye exam & treatment | 525,895,555 | 0.8 |
| 78465 | Heart image (3D) multiple | 494,728,742 | 0.7 |
| 90921 | ESRD related services, age 20 and over | 465,922,117 | 0.7 |
| 99284 | Emergency dept visit | 463,404,085 | 0.7 |
| 99255 | Initial inpatient consultations | 418,747,893 | 0.6 |
| 99312 | Subsequent nursing facility care, per day, for evaluation, level 3 | 396,627,459 | 0.6 |
| 99238 | Emergency department evaluation and management, level 3 | 395,990,062 | 0.6 |
| 99222 | Initial hospital care, for evaluation and management, level 2 | 373,107,876 | 0.6 |
| 99243 | Office consultation, established patient, moderate severity, 40 minutes | 370,798,765 | 0.6 |
| 99203 | Office/outpatient visit, new, evaluation and management, low complexity | 353,717,944 | 0.5 |
| 99204 | Office/outpatient visit, new, evaluation and management, moderate complexity | 327,548,271 | 0.5 |

## Medicare Leading Part B Procedure Codes Based on Allowed Charges (continued)
## Calendar Year 2000

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges[1] |
|---|---|---|---|
| 99291 | Critical care, including the diagnostic and therapeutic services | 326,447,682 | 0.5 |
| 90806 | Psychotherapy, office, 45-50 min | 312,174,952 | 0.5 |
| 99283 | Emergency department evaluation and management, level 3 | 301,983,715 | 0.5 |
| 99245 | Office consultation for a new or established patient, level 5 | 301,355,438 | 0.4 |
| 45378 | Diagnostic colonoscopy | 284,386,584 | 0.4 |
| 92012 | Ophthalmological medical exam/evaluation, established patient | 281,907,770 | 0.4 |
| 99253 | Initial inpatient consultation, new, evaluation and management | 278,375,641 | 0.4 |
| 93000 | Electrocardiogram, complete with at least 12 leads, interpretation & report | 271,434,027 | 0.4 |
| 71020 | Radiologic examination, chest, two views, frontal and lateral | 271,305,184 | 0.4 |
| 97110 | Therapeutic exercises, one or more areas,15 minutes each | 267,144,847 | 0.4 |
| 27447 | Arthroplasty, knee, condyle and plateau | 265,329,937 | 0.4 |
| 92980 | Insert intracoronary stent, single vessal | 262,777,483 | 0.4 |
| 70553 | Magnetic image, brain | 254,434,766 | 0.4 |
| 33533 | Coronary artery bypass, using arterial graft(s); single arterial graft | 246,824,243 | 0.4 |
| 93320 | Doppler echo exam, heart, pulsed wave and/or continuous wave | 231,036,365 | 0.3 |
| 99311 | Subsequent nursing facility care, per day, for evaluation, level 1 | 228,783,909 | 0.3 |
| 11721 | Debride nail, 6 or more | 228,025,814 | 0.3 |
| 45385 | Colonoscopy, with removal of tumor, polyp, or lesion | 219,251,836 | 0.3 |
| 93510 | Left heart catheterization, retrograde, from bachial, axillary or femoral artery | 217,481,815 | 0.3 |
| 43239 | Upper GI endoscopy, including esophagus biopsy | 217,197,853 | 0.3 |
| 93325 | Doppler color flow velocity mapping | 211,104,364 | 0.3 |
| 98941 | Chiropractic manipulation, three to four regions | 209,245,994 | 0.3 |
| 90862 | Medication management including prescription use and review of medication | 205,054,312 | 0.3 |
| 66821 | Laser surgery (YAG laser), one or more stages | 203,022,222 | 0.3 |
| 77427 | Radiation tx management, x5 | 200,080,311 | 0.3 |
| 93880 | Duplex scan of extracranial arteries, complete bilateral study | 193,858,820 | 0.3 |
| 20610 | Drain/inject, joint/bursa | 185,670,279 | 0.3 |
| 76092 | Mammogram, screening | 183,185,932 | 0.3 |
| 99211 | Office/outpatient visit, established patient | 180,540,566 | 0.3 |
| 98940 | Chiropractic manipulation | 177,432,333 | 0.3 |
| 99202 | Office/Outpatient visit, new patient | 174,300,899 | 0.3 |

## Medicare Leading Part B Procedure Codes Based on Allowed Charges (continued)
## Calendar Year 2000

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges[1] |
|---|---|---|---|
| 93010 | Electrocardiogram, interpretation and report only | 173,187,629 | 0.3 |
| 00142 | Anesth., lens surgery | 171,580,376 | 0.3 |
| 17000 | Destroy benign/premal lesion | 170,174,435 | 0.3 |
| 99205 | Office/outpatient visit, new | 169,942,378 | 0.3 |
| 84443 | Thyroid simulating hormone (TSH) | 168,248,231 | 0.3 |
| 72148 | Magnetic image, lumbar spine | 167,102,507 | 0.2 |
| 80061 | Lipid panel | 164,414,150 | 0.2 |
| 71010 | Chest x-ray, single view, frontal | 161,501,989 | 0.2 |
| 92004 | Eye exam, new patient | 161,306,060 | 0.2 |
| 93015 | Cardiovascular stress test with physician supervision | 155,246,561 | 0.2 |
| 76075 | Dual energy x-ray study | 149,456,480 | 0.2 |
| 70450 | CT scan of head or brain | 141,287,536 | 0.2 |
| 74160 | CT abdomen w/dye | 140,743,009 | 0.2 |
| 17003 | Destroy lesions, 2-14 | 139,897,480 | 0.2 |
| 99313 | Subsequent nursing facility care, per day, for evaluation, level 1 | 136,990,490 | 0.2 |
| 00562 | Anesth., open heart surgery | 133,595,710 | 0.2 |
| 72193 | CT pelvis w/dye | 129,024,466 | 0.2 |
| 99242 | Office consultation | 128,939,186 | 0.2 |
| 45380 | Colonoscopy and biopsy | 128,841,632 | 0.2 |
| 27130 | Total hip replacement | 127,275,099 | 0.2 |
| 52000 | Cystoscopy | 126,001,325 | 0.2 |

[1] Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

[2] The total number of procedure codes is approximately 10,000.

[3] Allowed charges were aggregated by procedure code. The above listed 77 procedure codes account for approximately 49% of the allowed charges.

NOTES: The AMA owns the copyright on the CPT codes and the copyright remains unaltered by the CMS publication of CPT codes in this document. CPT codes are not public property and must always be used in compliance with copyright law.

SOURCE: CMS/OIS

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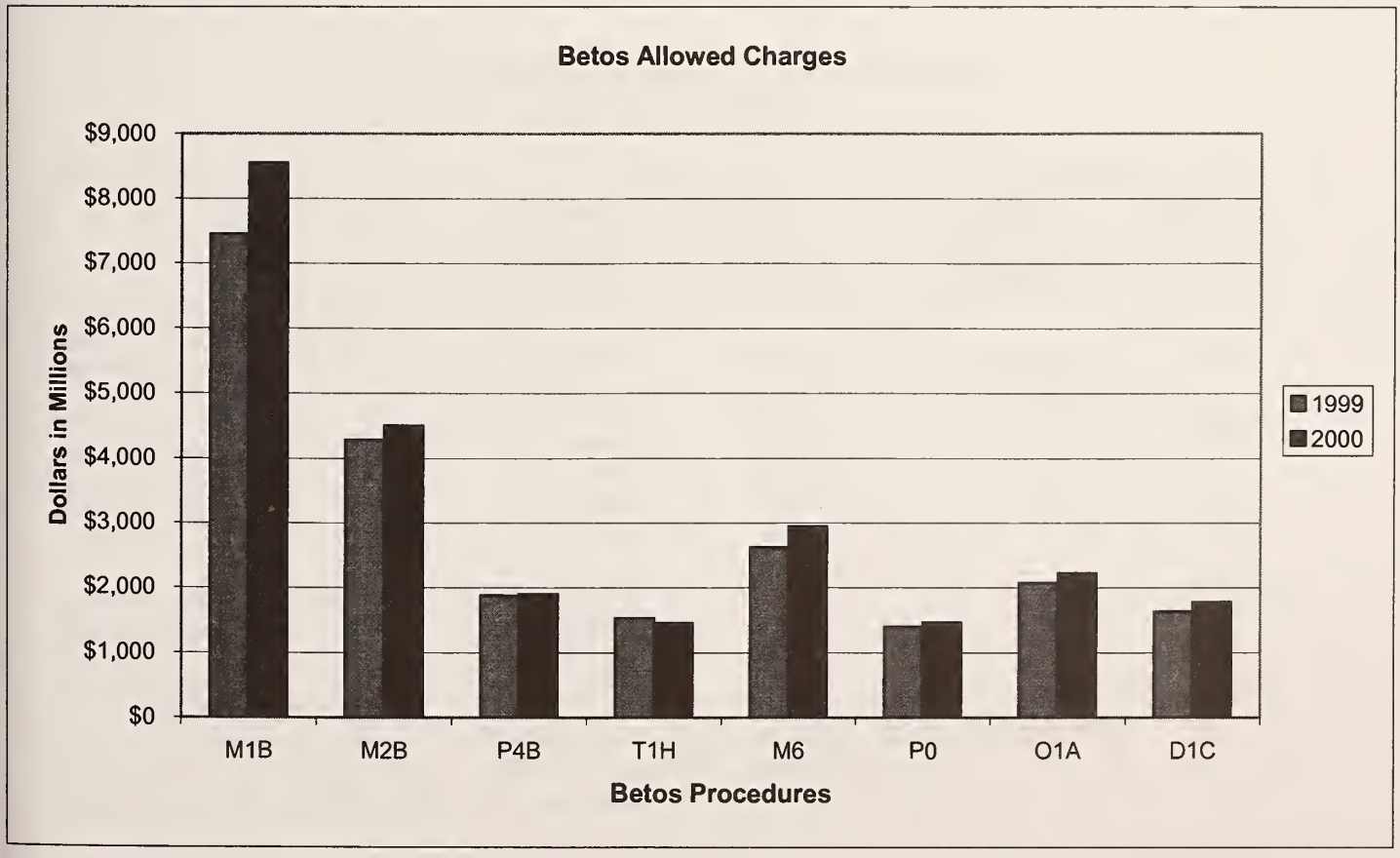
## Leading Medicare Physician and Supplier BETOS Procedures, Based on Allowed Charges Calendar Years 1999 and 2000

| Betos Code | Description | Medicare Allowed Charges 1999 | 2000 |
|---|---|---|---|
| M1B | Office Visits - Established | $7,440,581,498 | $8,548,562,453 |
| M2B | Hospital Visit - Subsequent | 4,279,031,581 | 4,502,138,903 |
| P4B | Eye Procedure - Cataract/Removal Lens Insertion | 1,876,199,027 | 1,901,684,180 |
| T1H | Lab Tests - Other (Non-Medicare Fee Schedule) | 1,527,525,225 | 1,452,414,451 |
| M6 | Consultations | 2,618,535,123 | 2,944,063,178 |
| P0 | Anesthesia | 1,396,221,202 | 1,463,313,530 |
| O1A | Ambulance | 2,074,180,935 | 2,221,895,701 |
| D1C | Oxygen and Supplies | 1,632,139,433 | 1,773,277,946 |

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Centers for Medicare & Medicaid Services effort.

SOURCE: CMS/OIS




SOURCE: CMS/OIS

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## Medicare Persons Served by Type of Coverage
## Selected Calendar Years

| | 1975 | 1980 | 1985 | 1995 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Aged Persons Served per 1,000 Enrollees | | | | | | |
| HI and/or SMI | 528 | 638 | 722 | 826 | 921 | 916 |
| HI | 221 | 240 | 219 | 218 | 232 | 232 |
| SMI | 536 | 652 | 739 | 858 | 966 | 965 |
| Disabled Persons Served per 1,000 Enrollees | | | | | | |
| HI and/or SMI | 450 | 594 | 669 | 759 | 830 | 835 |
| HI | 219 | 246 | 228 | 212 | 198 | 196 |
| SMI | 471 | 634 | 715 | 837 | 936 | 943 |

NOTES: Prior to 1998, utilization rates per 1,000 enrollees came from the Annual Person Summary and were not yet modified to exclude persons enrolled in managed care. Beginning in 1998, utilization counts are based on a five-percent sample of beneficiaries and the rates are adjusted to exclude managed care enrollees.

SOURCES: CMS/OIS/ORDI

## Medicare Persons Served by Type of Service
## Calendar Year 2000

| | Aged | | Disabled | |
|---|---|---|---|---|
| | Persons Served in thousands [1] | Served per 1,000 Enrollees [2] | Persons Served in thousands [1] | Served per 1,000 Enrollees [2] |
| Hospital and/or Supplementary Medical Insurance | 25,486 | 916 | 4,096 | 835 |
| Hospital Insurance | 6,361 | 232 | 964 | 196 |
| Inpatient Hospital | 5,975 | 218 | 942 | 192 |
| Skilled Nursing Facility | 1,390 | 51 | 78 | 16 |
| Home Health Agency | 1,325 | 48 | 119 | 24 |
| Hospice | 514 | 19 | 27 | 6 |
| Supplementary Medical Insurance | 25,256 | 965 | 4,057 | 943 |
| Physician/Other Supplier | 24,846 | 949 | 3,917 | 910 |
| Outpatient | 18,159 | 694 | 2,870 | 667 |
| Home Health Agency | 1,081 | 41 | 110 | 26 |

[1] Medicare enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in CMS Central Office.
[2] Rates exclude members of prepaid health care plans.

SOURCE: CMS/ORDI

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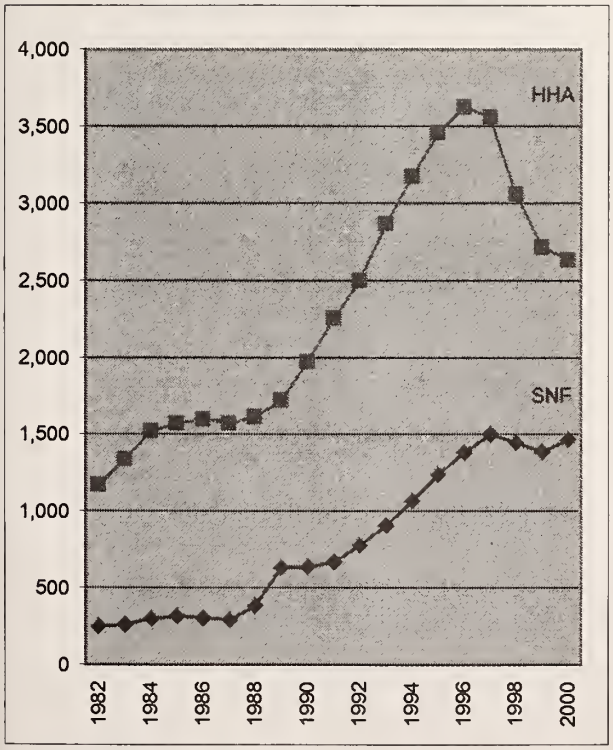
## Medicare Use of Selected Types of Long-Term Care
## Calendar Years 1982 - 2000

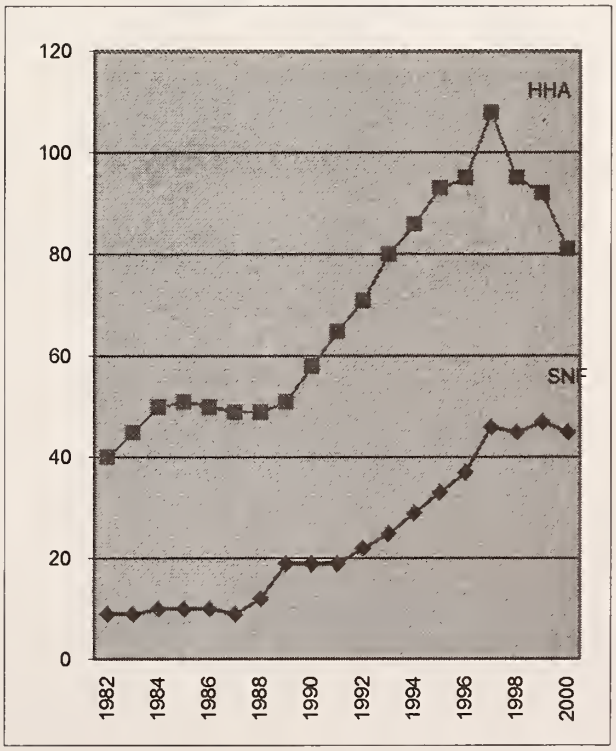
| Calendar Year | Skilled Nursing Facilities | | Home Health Agencies | |
|---|---|---|---|---|
| | Persons Served in thousands | Rate Per 1,000 Enrollees | Persons Served in thousands | Rate Per 1,000 Enrollees |
| 1982 | 252 | 9 | 1,172 | 40 |
| 1983 | 264 | 9 | 1,338 | 45 |
| 1984 | 299 | 10 | 1,522 | 50 |
| 1985 | 315 | 10 | 1,576 | 51 |
| 1986 | 304 | 10 | 1,601 | 50 |
| 1987 | 293 | 9 | 1,575 | 49 |
| 1988 | 384 | 12 | 1,613 | 49 |
| 1989 | 636 | 19 | 1,721 | 51 |
| 1990 | 638 | 19 | 1,978 | 58 |
| 1991 | 670 | 19 | 2,255 | 65 |
| 1992 | 779 | 22 | 2,504 | 71 |
| 1993 | 908 | 25 | 2,867 | 80 |
| 1994 | 1,068 | 29 | 3,176 | 86 |
| 1995 | 1,240 | 33 | 3,457 | 93 |
| 1996 | 1,384 | 37 | 3,627 | 95 |
| 1997 | 1,503 | 46 [1] | 3,558 | 108 [1] |
| 1998 | 1,447 | 45 [1] | 3,062 | 95 [1] |
| 1999 | 1,390 | 47 [1] | 2,720 | 92 [1] |
| 2000 | 1,468 | 45 [1] | 2,634 | 81 [1] |

[1] Excludes managed care enrollees in rate.

Persons Served in Thousands




Rates Per 1,000 Enrollees




SOURCES: CMS/ORDI

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## End Stage Renal Disease Care Provided by Medicare Approved Facilities Selected Calendar Years

| | 1990 | 1998 | 1999 | 2000 |
|---|---|---|---|---|
| Dialysis Patients | 129,800 | 245,710 | 259,493 | 273,333 |
| Outpatient | 107,160 | 216,310 | 231,032 | 245,207 |
| Home | 22,640 | 29,400 | 28,461 | 28,126 |
| Dialysis Patient Eligibility Status | | | | |
| Medicare | 113,127 | 207,218 | 216,232 | 227,238 |
| Medicare Application Pending | 9,582 | 14,512 | 16,279 | 18,763 |
| Non-Medicare | 7,091 | 23,980 | 26,982 | 27,332 |
| Transplant Patients | 9,779 | 13,272 | 13,483 | 14,311 |
| Transplant Patient Eligibility Status | | | | |
| Medicare | 8,340 | 10,241 | 9,900 | 10,260 |
| Medicare Application Pending | 633 | 1,105 | 1,183 | 1,540 |
| Non-Medicare | 806 | 1,918 | 2,395 | 2,500 |
| Transplant Procedures | 9,796 | 13,272 | 13,483 | 14,311 |
| Living Related Donor | 2,001 | 3,453 | 3,583 | 4,052 |
| Living Unrelated Donor | 90 | 1,067 | 1,061 | 1,375 |
| Cadaveric Donor | 7,705 | 8,752 | 8,839 | 8,884 |
| Medicare Approved ESRD Facilities | 2,072 | 3,586 | 3,917 | 4,153 |
| Dialysis (Hospital and Non-Hospital) | 1,799 | 3,307 | 3,637 | 3,869 |
| Transplant and Dialysis | 169 | 148 | 145 | 146 |
| Transplant Only | 53 | 87 | 92 | 96 |
| Inpatient Care Only | 51 | 44 | 43 | 42 |
| Average Dialysis Payment Rate | $127 | $127 | $127 | $129 |
| Hospital Based | 129 | 129 | 129 | 131 |
| Independents | 125 | 125 | 125 | 127 |

SOURCES: CMS/OCSQ/CMM

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## Home Health Agency - Medicare National Summary

| Calendar Year | Total Claims | Total Reimbursement | Total Visits | Average Reimbursement Per Patient | Average Visit Per Patient |
|---|---|---|---|---|---|
| 1998 | 12,229,153 | $10,446,204,875 | 154,992,259 | $3,412 | 51 |
| 1999 | 9,740,299 | 7,908,326,030 | 112,747,716 | 2,914 | 42 |
| 2000 | 8,120,066 | 7,352,198,941 | 90,729,921 | 2,965 | 37 |

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

## Hospice - Medicare National State Summary

| Calendar Year | Total Patients | Total Reimbursement | Total Covered Days | Average Reimbursement Per Patient | Average Days Per Patient |
|---|---|---|---|---|---|
| 1998 | 420,824 | $2,206,671,929 | 20,211,128 | $5,244 | 48 |
| 1999 | 474,270 | 2,525,402,040 | 22,746,562 | 5,325 | 48 |
| 2000 | 534,261 | 2,926,546,746 | 25,814,389 | 5,478 | 48 |

NOTE: Data include Puerto Rico.

## Skilled Nursing Facilities Non Swing Bed - Medicare National Summary

| Calendar Year | Total Discharges | Total Reimbursement | Total Covered Days | Average Reimbursement Per Discharge | Average Days Per Discharge |
|---|---|---|---|---|---|
| 1998 | 1,587,931 | $11,312,643,901 | 45,240,400 | $7,124 | 29 |
| 1999 | 1,449,536 | 9,471,398,469 | 42,534,503 | 6,534 | 29 |
| 2000 | 1,438,690 | 10,420,208,068 | 44,103,335 | 7,243 | 31 |

NOTES: Data include Puerto Rico, Virgin Islands, and unknown. Data does not include swing bed units.

## Outpatient - Medicare National Summary

| Calendar Year | Total Patients | Total Charges | Total Payments | Average Charge Per Patient | Average Payment Per Patient |
|---|---|---|---|---|---|
| 1998 | 20,453,026 | $54,845,037,206 | $16,865,568,630 | $2,684 | $825 |
| 1999 | 20,572,387 | 56,480,389,232 | 16,297,320,577 | 2,745 | 792 |
| 2000 | 21,039,207 | 52,631,299,474 | 16,893,178,592 | 2,502 | 803 |

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

SOURCES: CMS/OIS/HCIS

September 2002

## Medicaid Recipients by Type of Service
## Fiscal Years 1997 - 1999

| | 1997 | 1998 | 1999 |
|---|---|---|---|
| | in thousands | | |
| Total | 34,872 | 40,096 | 39,962 |
| Inpatient Services | | | |
| General Hospitals | 4,746 | 4,270 | 4,492 |
| Mental Hospitals | 87 | 135 | 97 |
| Nursing Facilities Services [1] | 1,603 | 1,646 | 1,612 |
| ICF Services | | | |
| Mentally Retarded | 136 | 126 | 122 |
| Physician Services | 21,170 | 18,553 | 18,296 |
| Dental Services | 5,935 | 4,965 | 5,616 |
| Other Practitioner Services | 5,141 | 4,342 | 3,964 |
| Outpatient Hospital Services | 13,632 | 12,158 | 12,355 |
| Clinic Services | 4,713 | 5,281 | 6,719 |
| Laboratory & Radiological | 11,074 | 9,381 | 10,132 |
| Home Health Services | 1,861 | 1,225 | 811 |
| Personal Care Support Services | NA | 3,108 | 4,071 |
| Prescribed Drugs | 20,954 | 19,338 | 19,819 |
| Family Planning Services/Sterilization | 2,091 | 1,963 | 133 |
| Rural Health Clinics | 1,446 | NA | NA |
| Early and Periodic Screening | 6,450 | 6,175 | NA |
| Home & Community Based Waiver Services | NA | 467 | NA |
| Prepaid Health Care | NA | 19,670 | 20,510 |
| PCCM Services | NA | 4,066 | 3,890 |
| Other Care | 12,389 | 6,975 | 8,489 |
| Unknown | 1,295 | NA | 136 |

[1] Nursing facilities services recipients include individuals other than the mentally retarded receiving "all other" intermediate care facility services.

SOURCES: CMS/CMSO/ORDI

September 2002

## National Community Hospital Utilization
## 1973 - 2000

| Year | Admissions in millions | Inpatient Days in millions | Average Stay in days | Outpatient Visits in millions | Adjusted Expenses per Inpatient Day |
|---|---|---|---|---|---|
| 1973 | 31.7 | 248 | 7.8 | 173 | $102 |
| 1974 | 32.9 | 255 | 7.8 | 189 | 114 |
| 1975 | 33.4 | 258 | 7.7 | 191 | 134 |
| 1976 | 34.0 | 261 | 7.7 | 201 | 153 |
| 1977 | 34.3 | 261 | 7.6 | 199 | 174 |
| 1978 | 34.5 | 262 | 7.6 | 202 | 194 |
| 1979 | 35.1 | 265 | 7.6 | 199 | 217 |
| 1980 | 36.1 | 273 | 7.6 | 202 | 245 |
| 1981 | 36.4 | 278 | 7.6 | 203 | 284 |
| 1982 | 36.4 | 278 | 7.6 | 248 | 327 |
| 1983 | 36.2 | 273 | 7.6 | 210 | 369 |
| 1984 | 35.2 | 257 | 7.3 | 212 | 411 |
| 1985 | 33.4 | 237 | 7.1 | 219 | 460 |
| 1986 | 32.4 | 229 | 7.1 | 232 | 501 |
| 1987 | 31.6 | 227 | 7.2 | 246 | 539 |
| 1988 | 31.5 | 227 | 7.2 | 269 | 586 |
| 1989 | 31.1 | 225 | 7.2 | 286 | 637 |
| 1990 | 31.2 | 226 | 7.2 | 301 | 687 |
| 1991 | 31.1 | 223 | 7.2 | 322 | 752 |
| 1992 | 31.0 | 221 | 7.1 | 349 | 820 |
| 1993 | 30.7 | 216 | 7.0 | 367 | 881 |
| 1994 | 30.7 | 207 | 6.7 | 383 | 931 |
| 1995 | 30.9 | 200 | 6.5 | 414 | 968 |
| 1996 | 31.1 | 194 | 6.2 | 440 | 1,006 |
| 1997 | 31.6 | 193 | 6.1 | 450 | 1,033 |
| 1998 | 31.8 | 191 | 6.0 | 474 | 1,067 |
| 1999 | 32.4 | 192 | 5.9 | 495 | 1,103 |
| 2000 | 33.0 | 192 | 5.8 | 521 | 1,149 |

SOURCE: American Hospital Association September 2002

# VI. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section VII).

## *HIGHLIGHTS*

- *From 1980 to 2002, the number of inpatient hospital facilities decreased 11.4 percent from 6,777 to 6,002. Beds per 1,000 enrollees dropped from 46.7 in 1980 to 24.4 in 2002. During this same period, the number of psychiatric hospitals increased from 408 to 494, but their beds per 1,000 enrollees dropped from 5.3 to 1.7.*

- *Skilled nursing facilities have nearly tripled from 5,052 in 1980 to 14,755 in 2002. Home health agencies have more than doubled from 2,924 in 1980 to 6,813 in 2002.*

- *The number of ambulatory surgical centers increased tenfold from 336 in 1985 to 3,371 in 2002. During this same period the number of hospices increased from 164 to 2,275.*

- *By December 2001, 173,807 facilities had registered under the Clinical Lab Improvement Act which became effective 10/1/92.*

- *End-Stage Renal Disease facilities have quadrupled from 999 in 1980 to 4,113 in 2002.*

- *The percent of Medicare assigned claims (51.9 percent in 1975) continues to increase, from 97.8 percent in 2000 to 98.1 percent in 2001.*

- *As of January 2001, enrollment in the Medicare participating physician program was 88.7 percent. By January 2002, the enrollment was 89.3 percent.*

- *As of March 1985, Medicare had 154 HMO/CMP plans with 1.1 million enrollees. By July 2002, there were 224 Managed Care plans with 5.5 million enrollees.*

## Medicare Hospital Status
## 2002

| | |
|---|---|
| Total Hospitals | 6,018 |
| Hospitals under Inpatient Prospective Payment System (PPS) [1] | 4,196 |
| PPS Hospitals Receiving Special Consideration | 1,068 |
| Regional Referral Centers | 201 |
| Sole Community Hospitals | 568 |
| Sole Community/Regional Referral Center | 81 |
| Medicare Dependent Hospitals | 218 |
| PPS Hospitals Not Receiving Special Consideration | 3,128 |
| Non-PPS Hospitals | 1,822 |
| Categorically Exempt | 1,700 |
| Psychiatric | 493 |
| Rehabilitation | 216 |
| Religious Non-Medical | 15 |
| Childrens | 75 |
| Other Long-Term | 270 |
| Critical Access | 631 |
| Alcohol/Drug | 0 |
| Other Reasons Exempt | 122 |
| Short-Stay Hospitals in Waiver State (Maryland) | 67 |
| Short-Stay Indian Health Service Hospitals | 44 |
| Cancer Hospitals | 11 |
| Total Excluded Units | 2,372 |
| Psychiatric | 1,436 |
| Rehabilitation | 936 |

[1] Total number of hospitals subject to PPS regardless of actual submitted inpatient hospital claims during the fiscal year.

NOTE: Data as of August.

SOURCES: CMS/CMM/CMSO/OCSQ/OIS September 2002

## Medicare Inpatient Hospitals
## Selected Years

| | 1980 | 1985 | 1990 | 2001 | 2002 |
|---|---|---|---|---|---|
| Total Hospitals | 6,777 | 6,707 | 6,520 | 6,031 | 6,002 |
| Beds in thousands | 1,150 | 1,144 | 1,105 | 983 | 969 |
| Beds per 1,000 Enrollees [1] | 46.7 | 42.5 | 37.0 | 25.4 | 24.4 |
| Short-Stay | 6,104 | 6,034 | 5,549 | 4,704 | 4,429 |
| Beds in thousands | 991 | 1,027 | 970 | 863 | 844 |
| Beds per 1,000 Enrollees [1] | 40.2 | 38.2 | 32.5 | 22.3 | 21.3 |
| Psychiatric | 408 | 474 | 674 | 519 | 494 |
| Beds in thousands | 131 | 95 | 99 | 69 | 67 |
| Beds per 1,000 Enrollees [1] | 5.3 | 3.5 | 3.3 | 1.8 | 1.7 |
| Other Long-Stay | 265 | 199 | 297 | 808 | 1,079 |
| Beds in thousands | 28 | 22 | 35 | 51 | 58 |
| Beds per 1,000 Enrollees [1] | 1.1 | 0.8 | 1.2 | 1.3 | 1.5 |

[1] Based on number of HI enrollees.

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2001 and 2002 are as of December 2000 and December 2001, respectively. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: CMS/ORDI/OIS

## Other Medicare Providers and Suppliers
## Selected Years

| | 1980 | 1985 | 1990 | 2001 | 2002 |
|---|---|---|---|---|---|
| Skilled Nursing Facilities | 5,052 | 6,451 | 8,937 | 14,841 | 14,755 |
| Beds in thousands | 436 | NA | 509 | 939 | 1,050 |
| Home Health Agencies | 2,924 | 5,679 | 5,730 | 7,099 | 6,813 |
| Clinical Lab Improvement Act Facilities | NA | NA | NA | 168,333 | 173,807 |
| End Stage Renal Disease Facilities | 999 | 1,393 | 1,937 | 3,991 | 4,113 |
| Outpatient Physical Therapy | 419 | 854 | 1,195 | 2,874 | 2,836 |
| Portable X-Ray | 216 | 308 | 443 | 675 | 644 |
| Rural Health Clinics | 391 | 428 | 551 | 3,334 | 3,283 |
| Comprehensive Outpatient Rehabilitation Facilities | NA | 72 | 186 | 518 | 524 |
| Ambulatory Surgical Centers | NA | 336 | 1,197 | 3,147 | 3,371 |
| Hospices | NA | 164 | 825 | 2,267 | 2,275 |

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2001 and 2002 are as of December 2000 and December 2001, respectively. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: CMS/ORDI/OIS

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## Selected Medicare Facilities by Type of Control
## 2002

| | Short Stay Hospitals | Skilled Nursing Facilities | Home Health Agencies |
|---|---|---|---|
| All Facilities | 4,429 | 14,755 | 6,813 |
| | Percent Distribution | | |
| Voluntary | 60.2 | 28.5 | 35.4 |
| Proprietary | 14.9 | 66.3 | 49.0 |
| Government | 24.9 | 5.2 | 15.5 |

NOTES: Data as of December 2001. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: CMS/ORDI/OIS

## Medicare PIP Facilities
## Selected Years

| | 1975 | 1980 | 1985 | 1990 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|
| Hospitals | | | | | | | |
| Number of PIP | 1,524 | 2,276 | 3,242 | 1,352 | 915 | 869 | 754 |
| Percent of Total Participating | 22.5 | 33.8 | 48.3 | 20.6 | 15.3 | 14.4 | 12.5 |
| Skilled Nursing Facilities | | | | | | | |
| Number of PIP | 161 | 203 | 224 | 774 | 1,387 | 1,236 | 1,161 |
| Percent of Total Participating | 4.1 | 3.9 | 3.4 | 7.3 | 9.3 | 8.3 | 7.9 |
| Home Health Agencies | | | | | | | |
| Number of PIP | 86 | 481 | 931 | 1,211 | 1,122 | 1,038 | 42 |
| Percent of Total Participating | 3.8 | 16.0 | 16.0 | 21.0 | 14.3 | 14.4 | 0.1 |

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCE: CMS/OFM

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## Medicare Participating Physician Program

| Participation Status | Number of Physicians [1] | Participation Status | | | |
|---|---|---|---|---|---|
| | | January 2002 | January 2001 | January 2000 | January 1999 |
| Participating | 750,927 | 89.3% | 88.7% | 88.3% | 84.6% |
| Billing Medicare | 841,298 | | | | |

[1] Includes M.D.s, D.O.s, limited license practitioners, and non-physician practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). CMS wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: CMS/OFM

## Medicare Assigned Claims
## Selected Fiscal Years

| Fiscal Year | Net Assignment Rate [1] |
|---|---|
| 1975 | 51.9 |
| 1980 | 51.4 |
| 1985 | 67.7 |
| 1990 | 80.9 |
| 1991 | 82.5 |
| 1992 | 85.4 |
| 1993 | 89.2 |
| 1994 | 92.1 |
| 1995 | 94.2 |
| 1996 | 95.6 |
| 1997 | 96.5 |
| 1998 | 97.2 |
| 1999 | 97.5 |
| 2000 | 97.8 |
| 2001 | 98.1 |

[1] The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: CMS/OFM

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## Participation Rates as Percentage of Physicians, by Specialty
## Selected Periods

| | Apr. 1990 Dec. 1990 | Jan. 1995 Dec. 1995 | Jan. 1997 Dec. 1997 | Jan. 1998 Dec. 1998 | Jan. 1999 Dec. 1999 | Jan. 2000 Dec. 2000 | Jan. 2001 Dec. 2001 | Jan.2002 Dec. 2002 |
|---|---|---|---|---|---|---|---|---|
| | Percent of Physicians Participating | | | | | | | |
| Physicians (M.D.s and D.O.s): | | | | | | | | |
| General practice | 39.7 | 59.9 | 69.2 | 71.1 | 73.7 | 80.2 | 79.0 | 80.2 |
| General surgery | 55.8 | 80.2 | 87.8 | 89.3 | 90.4 | 93.3 | 92.5 | 92.8 |
| Otology, laryngology, rhinology | 45.2 | 77.1 | 85.8 | 87.7 | 88.7 | 91.8 | 91.3 | 91.7 |
| Anesthesiology | 30.8 | 73.9 | 83.5 | 85.9 | 88.9 | 93.7 | 92.3 | 92.3 |
| Cardiovascular disease | 60.6 | 84.9 | 90.2 | 91.5 | 92.9 | 95.8 | 94.4 | 94.3 |
| Dermatology | 53.4 | 79.3 | 85.4 | 87.2 | 88.0 | 90.8 | 90.1 | 90.1 |
| Family practice | 47.2 | 74.5 | 84.0 | 85.9 | 86.9 | 90.8 | 90.3 | 90.8 |
| Internal medicine | 48.8 | 73.8 | 82.2 | 84.8 | 86.8 | 90.7 | 88.7 | 88.8 |
| Neurology | 53.1 | 78.9 | 85.8 | 87.1 | 88.4 | 92.1 | 89.9 | 89.1 |
| Obstetrics-gynecology | 48.8 | 72.5 | 79.5 | 81.3 | 82.9 | 86.8 | 86.3 | 86.5 |
| Ophthalmology | 55.6 | 81.2 | 87.9 | 89.8 | 90.9 | 93.3 | 92.8 | 93.3 |
| Orthopedic surgery | 53.7 | 82.6 | 88.7 | 90.4 | 90.6 | 93.8 | 93.1 | 92.4 |
| Pathology | 53.4 | 78.9 | 85.0 | 86.6 | 89.8 | 93.6 | 92.2 | 92.0 |
| Psychiatry | 41.6 | 58.7 | 67.6 | 70.4 | 73.9 | 79.1 | 79.6 | 80.4 |
| Radiology | 55.6 | 82.8 | 87.0 | 88.3 | 91.6 | 95.3 | 91.9 | 91.6 |
| Urology | 49.6 | 83.0 | 89.3 | 90.6 | 91.5 | 94.6 | 93.8 | 93.6 |
| Nephrology | 66.5 | 87.0 | 90.6 | 91.3 | 93.0 | 95.1 | 93.6 | 93.6 |
| Clinic or other group practice - not GPPP | 68.7 | 79.4 | 87.8 | 90.1 | 89.2 | 91.6 | 92.7 | 93.5 |
| Limited license practitioners (LLP): | | | | | | | | |
| Chiropractor | 26.2 | 42.6 | 51.0 | 54.3 | 56.3 | 59.4 | 63.0 | 64.4 |
| Podiatry-surgical chiropody | 54.0 | 79.2 | 86.0 | 87.9 | 88.4 | 90.7 | 91.6 | 92.1 |
| Optometrist | 54.0 | 66.9 | 72.2 | 74.7 | 76.0 | 78.4 | 80.0 | 80.6 |

NOTE: Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

SOURCE: CMS/OFM

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## Medicare Benefit and Premium Summary
## Medicare+Choice Coordinated Care Plans
## Contract Year 2002

| Percent of Plans Offering Specific Benefits | In Standard Package | For an Additional Premium |
|---|---|---|
| Vision Exams | 86.0% | 0.5% |
| Hearing Exams | 67.1 | 0.2 |
| Prescription Drugs | 67.8 | 4.8 |
| Eyewear | 62.7 | 1.0 |
| Hearing Aids | 38.5 | 0.7 |
| Chiropractic | 9.0 | 3.9 |
| Podiatry | 38.3 | 3.9 |
| Preventive Dental | 26.2 | 7.7 |
| Comprehensive Dental | 8.5 | 6.5 |
| Point of Service | 5.1 | 1.5 |

| | |
|---|---|
| Median PCP Copayment (Physician Office Visit) | $10.00 |
| Median Generic Drug Copayment | $10.00 |
| Median Brand Name Drug Copayment | $25.00 |

Premium [1] Distribution (Percent of Packages)

| Range | |
|---|---|
| $0.00 | 33.9% |
| $0.01 - $20.00 | 3.4 |
| $20.01 - $40.00 | 12.3 |
| $40.01 - $60.00 | 19.6 |
| $60.01 - $80.00 | 12.3 |
| $80.01 - $100.00 | 10.7 |
| More than $100.00 | 7.7 |
| Median Plan Premium 2002 | $42.00 |

[1] The premium is the monthly payment made by the beneficiary to the health insurance organization.

SOURCE: CMS/CBC September 2002

## Medicare Contracts with Prepaid Organizations

| Type of Contract | Number of Contracts | Number of Enrollees | Payment FY 2002 to date in millions |
|---|---|---|---|
| Total Prepaid Organizations | 224 | 5,525,427 | $30,856.3 |
| Medicare+Choice Programs | 156 | 4,990,358 | 28,882.7 |
| TEFRA Cost (Cost 1, Cost 2, Cost C) | 30 | 291,110 | 638.9 |
| Demonstrations | 23 | 139,513 | 1,193.2 |
| HCPPs Part B (Health Care Prepayment Plans) | 15 | 104,446 | 141.5 |

NOTES: The Balanced Budget Act of 1997 changed the requirements regarding effective dates of coverage. As a result, the numbers do not include beneficiaries who changed enrollment status in the latter part of each month. Therefore, the total number of enrollees is understated. This understatement will continue for all future months until the report modifications have been completed. As of July 1, 2002.

SOURCE: CMS/CBC September 2002

## Medicare Summary of Monthly Risk Contracts

| Date | Number of Contracts | Total Enrollees | Monthly Payment in millions |
|---|---|---|---|
| 1999 | | | |
| January | 383 | 6,553,306 | $2,956 |
| February | 386 | 6,671,340 | 3,106 |
| March | 401 | 6,726,091 | 3,107 |
| April | 398 | 6,764,232 | 3,123 |
| May | 400 | 6,819,700 | 3,147 |
| June | 402 | 6,863,049 | 3,167 |
| July | 395 | 6,913,826 | 3,148 |
| August | 400 | 6,960,699 | 3,246 |
| September | 400 | 6,987,204 | 3,235 |
| October | 400 | 7,012,118 | 3,287 |
| November | 399 | 7,029,203 | 3,290 |
| December | 398 | 7,020,196 | 3,262 |
| 2000 | | | |
| January | 348 | 6,831,637 | 3,307 |
| February | 346 | 6,848,119 | 3,292 |
| March | 346 | 6,853,392 | 3,276 |
| April | 345 | 6,865,504 | 3,328 |
| May | 343 | 6,856,197 | 3,307 |
| June | 343 | 6,866,435 | 3,292 |
| July | 345 | 6,872,270 | 3,395 |
| August | 343 | 6,873,845 | 3,339 |
| September | 344 | 6,868,985 | 3,365 |
| October | 343 | 6,860,037 | 3,327 |
| November | 343 | 6,847,912 | 3,351 |
| December | 343 | 6,826,877 | 3,334 |
| 2001 | | | |
| January | 247 | 6,153,976 | 3,085 |
| February | 247 | 6,199,297 | 3,151 |
| March | 250 | 6,225,458 | 3,246 |
| April | 250 | 6,225,282 | 3,209 |
| May | 249 | 6,185,684 | 3,194 |
| June | 250 | 6,179,262 | 3,199 |
| July | 250 | 6,179,980 | 3,208 |
| August | 250 | 6,173,178 | 3,238 |
| September | 251 | 6,159,822 | 3,247 |
| October | 251 | 6,144,528 | 3,191 |
| November | 252 | 6,106,141 | 3,165 |
| December | 253 | 6,061,252 | 3,142 |

SOURCE: CMS/CBC

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## Medicare Summary of Risk and Cost Contracts by Category

| Type of Contract | Number of Contracts | Percent | Number of Enrollees | Percent |
|---|---|---|---|---|
| HCPP Contracts | | | | |
| Model | | | | |
| Group | 10 | 67 | 70,814 | 68 |
| Union | 2 | 13 | 20,118 | 19 |
| Employer Group | 1 | 7 | 4,219 | 4 |
| IPA | 1 | 7 | 2,418 | 2 |
| Other | 1 | 6 | 6,877 | 7 |
| Ownership | | | | |
| Profit | 1 | 7 | 2,418 | 2 |
| Nonprofit | 13 | 93 | 95,151 | 98 |
| Cost Contracts [1] | | | | |
| Model | | | | |
| IPA | 11 | 37 | 193,628 | 67 |
| Group | 16 | 53 | 91,510 | 31 |
| Staff | 3 | 10 | 5,972 | 2 |
| Ownership | | | | |
| Profit | 7 | 23 | 45,839 | 16 |
| Nonprofit | 23 | 77 | 245,271 | 84 |
| CCP Contracts [1] | | | | |
| Model | | | | |
| IPA | 79 | 55 | 2,868,845 | 59 |
| Group | 54 | 38 | 1,519,837 | 31 |
| Staff | 11 | 7 | 478,379 | 10 |
| Ownership | | | | |
| Profit | 93 | 64 | 2,828,956 | 58 |
| NonProfit | 53 | 36 | 2,071,499 | 42 |

[1] Does not include cost enrollees remaining in risk plans.

NOTES: Data as of July 2002. IPA is the Individual Practice Association.

SOURCE: CMS/CBC September 2002

## Active Physicians

| Year | Total | Type of Physician: Doctors of Medicine | Type of Physician: Doctors of Osteopathy | Active Physicians per 10,000 Population |
|---|---|---|---|---|
| 1970 | 323,525 | 310,929 | 12,596 | 15.7 |
| 1971 | 334,978 | 322,228 | 12,750 | 16.1 |
| 1972 | 346,179 | 333,259 | 12,920 | 16.5 |
| 1973 | NA | NA | 13,191 | NA |
| 1974 | 364,232 | 350,609 | 13,623 | 17.0 |
| 1975 | 380,402 | 366,425 | 13,977 | 17.6 |
| 1976 | 393,151 | 378,572 | 14,579 | 18.0 |
| 1977 | 397,113 | 381,969 | 15,144 | 18.0 |
| 1978 | 417,314 | 401,364 | 15,590 | 18.7 |
| 1979 | 434,095 | 417,266 | 16,829 | 19.2 |
| 1980 | 435,165 | 435,545 | 17,620 | 19.8 |
| 1981 | 463,330 | 444,899 | 18,431 | 20.1 |
| 1982 | 482,195 | 462,947 | 19,248 | 20.7 |
| 1983 | 499,679 | 479,440 | 20,239 | 21.3 |
| 1984 | NA | NA | 21,295 | NA |
| 1985 | 533,573 | 511,090 | 22,483 | 22.3 |
| 1986 | 543,247 | 519,393 | 23,854 | 22.5 |
| 1987 | 559,777 | 534,692 | 25,085 | 23.0 |
| 1988 | 575,626 | 549,160 | 26,466 | 23.4 |
| 1989 | 587,751 | 559,988 | 27,763 | 23.7 |
| 1990 | 601,612 | 572,660 | 28,952 | 24.0 |
| 1991 | 624,797 | 594,697 | 30,100 | 24.6 |
| 1992 | 636,891 | 605,685 | 31,206 | 24.8 |
| 1993 | 652,240 | 619,751 | 32,489 | 24.9 |
| 1994 | 666,200 | 632,121 | 34,079 | 25.2 |
| 1995 | 681,742 | 646,022 | 35,720 | 25.5 |
| 1996 | 701,249 | 663,943 | 37,306 | 26.0 |
| 1997 | 723,537 | 684,605 | 38,932 | 27.0 |
| 1998 | 747,784 | 707,032 | 40,752 | 27.5 |
| 1999 | 763,519 | 720,855 | 42,664 | 27.9 |
| 2000 | 782,280 | 737,504 | 44,776 | 27.8 |

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown.

SOURCES: Compiled by HRSA, Bureau of Health Professions, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine and the Bureau of the Census

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## Active Federal and Non-Federal Physicians By CMS Region 2000

| CMS Region | Total | Type of Physician: Doctors of Medicine | Type of Physician: Doctors of Osteopathy | Active Physicians per 100,000 Population [1] |
|---|---|---|---|---|
| Total | 782,280 | 737,504 | 44,776 | 278 |
| Boston | 52,221 | 50,764 | 1,457 | 375 |
| New York | 103,945 | 98,525 | 5,420 | 379 |
| Philadelphia | 93,263 | 86,476 | 6,787 | 335 |
| Atlanta | 126,769 | 121,510 | 5,259 | 238 |
| Chicago | 133,091 | 121,628 | 11,463 | 266 |
| Dallas | 74,616 | 70,011 | 4,605 | 224 |
| Kansas City | 31,321 | 27,951 | 3,370 | 242 |
| Denver | 21,840 | 20,745 | 1,095 | 234 |
| San Francisco | 107,883 | 103,938 | 3,945 | 256 |
| Seattle | 27,229 | 26,025 | 1,204 | 242 |
| U.S. Possessions [2] | 9,939 | 9,931 | 8 | NA |
| Foreign and Unknown [3] | 163 | -- | 163 | NA |

[1] Rate for Total (All Areas) based on U.S. Resident population as of July 1, 2000.

[2] Possessions include Puerto Rico, Virgin Islands, and Pacific Islands.

[3] Includes osteopathic physicians in military service, U.S. Public Health Service and foreign countries.

SOURCES: HRSA, Bureau of Health Professions, based on data from the American Medical Association, American Asociation of Colleges of Osteopathy, and the Bureau of the Census

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## Medicare Provider Specialty Summary
## Selected Years

| | January 2001 | | April 2002 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| Active in Patient Care | 865,479 | 100.0 | 888,061 | 100.0 |
| Medical Specialties | 171,894 | 19.9 | 176,822 | 19.9 |
| Surgical Specialties | 153,036 | 17.7 | 153,479 | 17.3 |
| Other Specialties | 88,613 | 10.2 | 89,507 | 10.1 |
| Family and General Practice | 101,449 | 11.7 | 102,640 | 11.6 |
| Emergency Medicine | 26,341 | 3.0 | 27,786 | 3.1 |
| Pediatrics | 26,079 | 3.0 | 25,793 | 2.9 |
| Non-physician specialties | 297,967 | 34.4 | 306,953 | 34.6 |
| Miscellaneous | NA | -- | 5,082 | 0.6 |

NOTES: Includes physicians, doctors of osteopathy, and limited licensed practitioners. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OIS/ORDI

## Physician Income and Expenses by Specialty
## 1998

| | Mean Net Income [1] | Mean Total Expenses | Expenses | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Total | Non-Physician Payroll | Office | Medical Supplies | Professional Liability Expenses | Medical Equipment | Other |
| | in thousands | | Percent Distribution | | | | | | |
| All Physicians | $194.4 | $261.9 | 100.0 | 35.9 | 24.0 | 9.4 | 6.4 | 4.3 | 20.0 |
| Specialty | | | | | | | | | |
| General/Family Practice | 142.5 | 263.0 | 100.0 | 41.7 | 22.9 | 11.0 | 4.1 | 3.9 | 16.4 |
| Internal Medicine | 182.1 | 259.7 | 100.0 | 38.1 | 22.9 | 12.2 | 6.4 | 4.0 | 16.5 |
| Surgery | 268.2 | 325.8 | 100.0 | 37.4 | 35.3 | 11.0 | 7.0 | 4.3 | 16.4 |
| Pediatrics | 139.6 | 187.3 | 100.0 | 32.3 | 28.8 | 13.9 | 5.5 | 2.3 | 17.2 |
| Obstetrics/Gynecology | 214.4 | 375.9 | 100.0 | 35.6 | 32.9 | 6.5 | 9.5 | 4.3 | 15.5 |

[1] After expenses, before taxes.

NOTES: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 2000.

## Physician Income and Expenses
## 1986 - 1998

| Year | Mean Net Income [1] | Mean Total Expenses | Expenses | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Total | Non-Physician Payroll | Office | Medical Supplier | Professional Liability Expenses | Medical Equipment | Other |
| | in thousands | | Percent Distribution | | | | | | |
| 1986 | $119.5 | $118.4 | 100.0 | 32.8 | 24.1 | 11.1 | 10.8 | 5.9 | 15.3 |
| 1987 | 132.3 | 123.7 | 100.0 | 34.4 | 24.3 | 10.9 | 12.1 | 5.3 | 13.1 |
| 1988 | 144.7 | 140.8 | 100.0 | 34.4 | 24.1 | 10.3 | 11.3 | 4.9 | 15.0 |
| 1989 | 155.8 | 148.4 | 100.0 | 35.5 | 22.4 | 11.5 | 10.4 | 5.1 | 15.0 |
| 1990 | 164.3 | 150.0 | 100.0 | 36.3 | 22.5 | 11.0 | 9.7 | 5.1 | 15.5 |
| 1991 | 170.6 | 168.4 | 100.0 | 36.4 | 23.3 | 10.9 | 8.8 | 5.3 | 15.3 |
| 1992 | 177.4 | 179.0 | 100.0 | 36.9 | 23.7 | 9.0 | 7.5 | 4.1 | 18.7 |
| 1993 | 189.3 | 182.2 | 100.0 | 38.3 | 23.5 | 9.1 | 7.9 | 4.8 | 16.3 |
| 1994 | 182.4 | 183.1 | 100.0 | 38.9 | 26.0 | 10.5 | 8.2 | 4.6 | 11.7 |
| 1995 | 195.5 | 201.6 | 100.0 | 36.0 | 28.3 | 10.1 | 7.4 | 5.1 | 13.0 |
| 1996 | 199.0 | 217.6 | 100.0 | 34.8 | 23.8 | 9.3 | 6.5 | 3.9 | 21.8 |
| 1997 | 199.6 | 228.6 | 100.0 | 36.8 | 25.9 | 9.5 | 6.2 | 3.3 | 18.3 |
| 1998 | 194.4 | 261.9 | 100.0 | 35.9 | 24.0 | 9.4 | 6.4 | 4.3 | 20.0 |

[1] After expenses, before taxes.

NOTES: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 2000.

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## Medicare Physician Registry by Specialty

| Specialty [1] | April 1991 | | January 2001 | | April 2002 | |
|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent |
| General Practice | 53,658 | 9.2 | 29,118 | 3.4 | 28,162 | 3.2 |
| General Surgery | 28,524 | 4.9 | 27,062 | 3.1 | 27,305 | 3.1 |
| Allergy/Immunology | 2,461 | 0.4 | 3,160 | 0.4 | 3,203 | 0.4 |
| Otolaryngology (ENT) | 7,419 | 1.3 | 9,193 | 1.1 | 9,388 | 1.1 |
| Anesthesiology | 23,783 | 4.1 | 33,982 | 3.9 | 34,644 | 3.9 |
| Cardiology | 13,497 | 2.3 | 19,076 | 2.2 | 19,556 | 2.2 |
| Dermatology | 6,727 | 1.2 | 9,072 | 1.0 | 9,317 | 1.0 |
| Family Practice | 47,140 | 8.1 | 72,331 | 8.4 | 74,479 | 8.4 |
| Gastroenterology | 4,886 | 0.8 | 8,538 | 1.0 | 8,813 | 1.0 |
| Internal Medicine | 78,711 | 13.5 | 95,791 | 11.1 | 98,411 | 11.1 |
| Osteopathic Manipulative Therapy | 1,082 | 0.2 | 848 | 0.1 | 853 | 0.1 |
| Neurology | 7,542 | 1.3 | 10,960 | 1.3 | 11,274 | 1.3 |
| Neurosurgery | 3,500 | 0.6 | 4,413 | 0.5 | 4,461 | 0.5 |
| Obstetrics-Gynecology | 29,230 | 5.0 | 35,231 | 4.1 | 35,635 | 4.0 |
| Ophthalmology | 15,219 | 2.6 | 18,285 | 2.1 | 18,584 | 2.1 |
| Oral Surgery/Dentists only | 34,237 | 5.9 | 13,319 | 1.5 | 11,687 | 1.3 |
| Orthopedic Surgery | 16,852 | 2.9 | 21,758 | 2.5 | 22,157 | 2.5 |
| Pathology | 10,072 | 1.7 | 13,190 | 1.5 | 13,308 | 1.5 |
| Plastic/reconstructive Surgery | 3,960 | 0.7 | 5,211 | 0.6 | 5,303 | 0.6 |
| Physical Med and Rehab | 3,278 | 0.6 | 5,918 | 0.7 | 6,119 | 0.7 |
| Psychiatry | 30,505 | 5.2 | 35,433 | 4.1 | 35,183 | 4.0 |
| Colorectal Surgery (proctology) | 625 | 0.1 | 736 | 0.1 | 771 | 0.1 |
| Pulmonary Disease | 3,956 | 0.7 | 6,353 | 0.7 | 6,533 | 0.7 |
| Radiology | 23,269 | 4.0 | 28,749 | 3.3 | 29,361 | 3.3 |
| Thoracic Surgery | 3,876 | 0.7 | 3,006 | 0.3 | 3,019 | 0.3 |
| Urology | 8,491 | 1.5 | 9,748 | 1.1 | 9,890 | 1.1 |
| Chiropractor | 39,992 | 6.9 | 51,021 | 5.9 | 52,317 | 5.9 |
| Nuclear Medicine | 463 | 0.1 | 814 | 0.1 | 822 | 0.1 |
| Pediatrics | 21,965 | 3.8 | 26,079 | 3.0 | 25,793 | 2.9 |
| Geriatrics | 205 | 0.0 | 823 | 0.1 | 866 | 0.1 |
| Nephrology | 2,345 | 0.4 | 4,316 | 0.5 | 4,534 | 0.5 |
| Hand Surgery | 212 | 0.0 | 492 | 0.1 | 500 | 0.1 |
| Optometry | 22,829 | 3.9 | 29,462 | 3.4 | 29,637 | 3.3 |
| Certified Nurse Midwife | -- | -- | 2,212 | 0.3 | 2,310 | 0.3 |
| CRNA, Anesthesia Assistant | -- | -- | 23,760 | 2.7 | 24,615 | 2.8 |
| Infectious Disease | 353 | 0.1 | 2,639 | 0.3 | 2,753 | 0.3 |
| Endocrinology [2] | -- | -- | 2,510 | 0.3 | 2,586 | 0.3 |
| Podiatry | 14,367 | 2.5 | 15,254 | 1.8 | 15,577 | 1.8 |

## Medicare Physician Registry by Specialty (continued)

| Specialty [1] | April 1991 Number | April 1991 Percent | January 2001 Number | January 2001 Percent | April 2002 Number | April 2002 Percent |
|---|---|---|---|---|---|---|
| Ambulatory Surgical Center (formerly Misc) | 897 | 0.2 | 82 | 0.0 | 74 | 0.0 |
| Nurse Practitioner | -- | -- | 26,086 | 3.0 | 29,788 | 3.4 |
| Psychologist/billing independently | -- | -- | 2,231 | 0.3 | 2,082 | 0.2 |
| Audiologist/billing independently | -- | -- | 3,160 | 0.4 | 3,398 | 0.4 |
| Physical Therpist | -- | -- | 14,204 | 1.6 | 16,917 | 1.9 |
| Rheumatology [2] | -- | -- | 2,386 | 0.3 | 2,463 | 0.3 |
| Occupational Therapist | -- | -- | 1,766 | 0.2 | 2,142 | 0.2 |
| Clinic multispec W/O GPP | 16,050 | 2.8 | 233 | 0.0 | 230 | 0.0 |
| Periph. Vascular Disease [2] | 220 | 0.0 | 204 | 0.0 | 203 | 0.0 |
| Vascular Surgery [2] | -- | -- | 1,353 | 0.2 | 1,412 | 0.2 |
| Cardiac Surgery [2] | -- | -- | 1,266 | 0.1 | 1,321 | 0.1 |
| Addiction Medicine [2] | -- | -- | 123 | 0.0 | 119 | 0.0 |
| Clinical Social Worker | -- | -- | 39,927 | 4.6 | 39,659 | 4.5 |
| Critical Care Intensivists [2] | -- | -- | 706 | 0.1 | 748 | 0.1 |
| Hematology [2] | -- | -- | 457 | 0.1 | 465 | 0.1 |
| Hematology/Oncology [2] | -- | -- | 4,138 | 0.5 | 4,264 | 0.5 |
| Preventive Medicine [2] | -- | -- | 320 | 0.0 | 324 | 0.0 |
| Maxillofacial Surgery [2] | -- | -- | 1,298 | 0.1 | 1,336 | 0.2 |
| Neuropsychiatry [2] | 249 | 0.0 | 145 | 0.0 | 140 | 0.0 |
| Certified Clinical Nurse | -- | -- | 2,305 | 0.3 | 2,375 | 0.3 |
| Medical Oncology [2] | -- | -- | 1,675 | 0.2 | 1,784 | 0.2 |
| Surgical Oncology [2] | -- | -- | 292 | 0.0 | 309 | 0.0 |
| Radiation Oncology [2] | 38 | 0.0 | 2,771 | 0.3 | 2,943 | 0.3 |
| Emergency Medicine [2] | -- | -- | 26,341 | 3.0 | 27,786 | 3.1 |
| Interventional Radiology [2] | -- | -- | 639 | 0.1 | 652 | 0.1 |
| Physician Assistant | -- | -- | 18,296 | 2.1 | 21,487 | 2.4 |
| Gynecology Oncology [3] | -- | -- | 291 | 0.0 | 324 | 0.0 |
| Clinical Psychology | -- | -- | 32,582 | 3.8 | 32,604 | 3.7 |
| Unknown Physician Specialty | 535 | 0.1 | 239 | 0.0 | 153 | 0.0 |
| Miscellaneous Specialties | -- | -- | 103 | 0.0 | 5,082 | 0.6 |
| Totals | 583,229 | 100.0 | 865,479 | 100.0 | 888,061 | 100.0 |

[1] Most osteopath specialties have been combined with their appropriate specialty.

[2] Effective 4/92 except Hematology effective 6/92.

[3] Effective 10/94.

NOTES: Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/ORDI/OFM

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# VII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services. New in this section are several tables showing number of patients and reimbursement for hospice, home health and skilled nursing facility services.

## *HIGHLIGHTS*

- *Medicare enrollees comprise 13.9 percent of the United States' resident population. State enrollees range from a low of 7.0 percent of Alaska's resident population to a high of 18.8 percent of West Virginia's resident population.*

- *Medicaid enrollees (as measured by eligibles or ever enrolled) comprise 15.0 percent of the United States' resident population. State enrollees range from a low of 7.5 percent of Idaho's resident population to a high of 28.0 percent of Tennessee's resident population.*

- *Long-stay hospital beds per 1,000 HI enrollees range from a low of 0.9 in Oregon to a high of 15.9 in the District of Columbia. This contrasts with the national average of 3.1.*

- *The percentage of Medicare Part B participating physicians and other practitioners range from a high of 97.2 percent in Michigan to a low of 75.6 percent in Rhode Island.*

- *Under fee-for-service, aged persons served per 1,000 enrollees (U.S.) range from a low of 797 in the District of Columbia to essentially all aged enrollees in Oregon. This contrasts with the national average of 916 persons served per 1,000 enrollees.*

- *The average reimbursement per patient for Medicare home health agency services (U.S.) range from a high of $5,239 in Louisiana to a low of $1,647 in Iowa. This contrasts with the national average reimbursement per patient of $2,945.*

- *The average reimbursement per discharge for Medicare skilled nursing facility non-swing bed services (U.S.) range from a high of $14,059 in New York to a low of $4,330 in Iowa. This contrasts with the national average of $7,243 per discharge.*

## Medicare Estimated Benefit Payments by State
## Fiscal Year 2001

| | Benefit Payments | | Benefit Payments |
|---|---|---|---|
| All Areas | $236,492,551,946 | Missouri | $4,755,401,621 |
| | | Montana | 663,415,658 |
| United States | 234,970,769,877 | Nebraska | 1,366,977,351 |
| | | Nevada | 1,272,773,858 |
| Alabama | 4,270,957,179 | New Hampshire | 714,188,267 |
| Alaska | 169,288,393 | | |
| Arizona | 3,322,292,384 | New Jersey | 6,885,641,611 |
| Arkansas | 2,420,405,701 | New Mexico | 879,539,933 |
| California | 24,858,719,236 | New York | 20,436,629,972 |
| | | North Carolina | 6,797,677,203 |
| Colorado | 2,698,488,436 | North Dakota | 562,654,098 |
| Connecticut | 3,117,051,627 | | |
| Delaware | 500,000,394 | Ohio | 10,685,163,793 |
| District of Columbia | 792,265,128 | Oklahoma | 2,343,402,917 |
| Florida | 21,580,487,727 | Oregon | 2,181,557,489 |
| | | Pennsylvania | 15,141,847,286 |
| Georgia | 4,397,177,577 | Rhode Island | 1,146,888,423 |
| Hawaii | 717,997,990 | | |
| Idaho | 741,440,673 | South Carolina | 3,356,574,015 |
| Illinois | 8,001,946,687 | South Dakota | 622,091,698 |
| Indiana | 4,999,249,587 | Tennessee | 5,545,548,969 |
| | | Texas | 16,336,060,639 |
| Iowa | 1,632,031,674 | Utah | 1,077,334,102 |
| Kansas | 2,141,311,524 | | |
| Kentucky | 3,640,056,994 | Vermont | 361,871,329 |
| Louisiana | 4,902,925,823 | Virginia | 3,897,031,283 |
| Maine | 875,798,371 | Washington | 3,209,405,506 |
| | | West Virginia | 1,822,038,805 |
| Maryland | 4,611,431,715 | Wisconsin | 3,961,454,618 |
| Massachusetts | 5,963,041,223 | Wyoming | 281,638,648 |
| Michigan | 7,012,604,450 | | |
| Minnesota | 3,136,906,920 | Puerto Rico | 1,454,822,599 |
| Mississippi | 2,140,390,706 | | |
| | | All Other Areas | 66,959,470 |

NOTES: Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 2001 to the DOT disbursements net of Managed Care payments.

SOURCES: CMS/OFM/OIS

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# Medicaid Medical Assistance Payments
## Fiscal Year 2001

| | Total Payments Computable For Federal Funding | Net Expenditures Reported Federal Share | | Total Payments Computable For Federal Funding | Net Expenditures Reported Federal Share |
|---|---|---|---|---|---|
| | Amount in thousands | | | | |
| TOTAL | $216,158,343 | $123,284,681 | Missouri | 4,744,963 | 2,913,598 |
| | | | Montana | 482,357 | 356,825 |
| Alabama | 2,875,373 | 2,016,150 | Nebraska | 1,187,238 | 718,861 |
| Alaska | 576,586 | 384,354 | Nevada | 674,338 | 342,058 |
| American Samoa | 11,340 | 5,670 | New Hampshire | 873,249 | 437,280 |
| Arizona | 2,665,261 | 1,804,956 | | | |
| Arkansas | 1,852,177 | 1,354,148 | New Jersey | 7,123,654 | 3,574,157 |
| California | 23,870,521 | 12,359,206 | New Mexico | 1,467,418 | 1,096,180 |
| | | | New York | 31,367,465 | 15,725,319 |
| Colorado | 2,142,030 | 1,073,483 | North Carolina | 6,150,682 | 3,850,735 |
| Connecticut | 3,213,848 | 1,607,797 | North Dakota | 406,419 | 286,891 |
| Delaware | 591,974 | 297,142 | | | |
| District of Columbia | 979,941 | 681,228 | N. Mariana Islands | 7,841 | 3,921 |
| Florida | 8,557,796 | 4,855,047 | Ohio | 8,433,412 | 4,983,805 |
| | | | Oklahoma | 2,021,033 | 1,466,209 |
| Georgia | 5,037,085 | 3,012,109 | Oregon | 2,658,358 | 1,604,260 |
| Guam | 10,401 | 5,401 | Pennsylvania | 10,908,343 | 5,891,469 |
| Hawaii | 634,782 | 342,279 | | | |
| Idaho | 693,206 | 491,509 | Puerto Rico | 308,575 | 154,287 |
| Illinois | 7,764,611 | 3,894,153 | Rhode Island | 1,187,881 | 639,856 |
| Indiana | 4,008,813 | 2,489,775 | South Carolina | 3,019,387 | 2,133,589 |
| | | | South Dakota | 464,455 | 326,962 |
| Iowa | 1,666,924 | 1,046,322 | Tennessee | 5,501,312 | 3,515,030 |
| Kansas | 1,686,411 | 1,009,841 | | | |
| Kentucky | 3,304,054 | 2,328,024 | Texas | 11,583,680 | 7,035,156 |
| Louisiana | 4,201,983 | 2,964,110 | Utah | 833,720 | 596,531 |
| Maine | 1,315,523 | 870,747 | Vermont | 601,467 | 376,401 |
| | | | Virginia | 3,036,846 | 1,609,652 |
| Maryland | 3,256,577 | 1,627,147 | Virgin Islands | 10,285 | 5,194 |
| Massachusetts | 6,619,525 | 3,330,309 | | | |
| Michigan | 7,218,697 | 4,060,641 | Washington | 4,305,724 | 2,191,887 |
| Minnesota | 3,835,871 | 1,972,553 | West Virginia | 1,548,399 | 1,166,920 |
| Mississippi | 2,438,980 | 1,875,438 | Wisconsin | 3,976,143 | 2,363,426 |
| | | | Wyoming | 243,409 | 158,683 |

NOTES: Source Form CMS-64 -- Net Expenditures Reported. Excludes: Administration, Medicaid SCHIP expansions and CMS adjustments.

SOURCE: CMS/CMSO

September 2002

## Mean Medicaid Outlays by Basis of Eligibility
## 1999

| | Total | Aged | Disabled | Child | Adult |
|---|---|---|---|---|---|
| United States | $3,819 | $11,274 | $9,834 | $1,272 | $2,103 |
| Alabama | 3,154 | 9,772 | 4,655 | 745 | 1,784 |
| Alaska | 4,736 | 11,822 | 14,713 | 2,625 | 3,449 |
| Arizona | 2,938 | 11,972 | 8,636 | 1,190 | 2,229 |
| Arkansas | 2,927 | 7,268 | 6,459 | 1,312 | 1,034 |
| California | 2,259 | 5,845 | 7,939 | 984 | 1,557 |
| Colorado | 4,568 | 11,960 | 11,368 | 1,715 | 2,129 |
| Connecticut | 6,442 | 22,247 | 19,390 | 1,707 | 1,959 |
| Delaware | 4,316 | 14,761 | 13,960 | 1,572 | 2,267 |
| District of Columbia | 5,684 | 19,605 | 16,220 | 1,898 | 2,749 |
| Florida | 2,734 | 9,016 | 7,652 | 1,028 | 1,649 |
| Georgia | 2,549 | 7,792 | 6,135 | 1,010 | 2,160 |
| Hawaii | NA | NA | NA | NA | NA |
| Idaho | 4,334 | 12,364 | 12,748 | 1,177 | 2,985 |
| Illinois | 4,297 | 12,326 | 13,053 | 1,389 | 2,226 |
| Indiana | 4,394 | 14,715 | 12,959 | 1,394 | 2,068 |
| Iowa | 4,413 | 13,326 | 10,484 | 1,370 | 1,861 |
| Kansas | 4,067 | 13,079 | 12,009 | 1,159 | 1,595 |
| Kentucky | 3,614 | 9,902 | 6,854 | 1,503 | 2,119 |
| Louisiana | 3,518 | 8,228 | 8,042 | 958 | 2,314 |
| Maine | 6,674 | 13,574 | 13,938 | 3,017 | 3,015 |
| Maryland | 4,940 | 13,844 | 14,064 | 1,816 | 3,132 |
| Massachusetts | 4,829 | 16,711 | 11,235 | 1,427 | 1,829 |
| Michigan | 3,618 | 11,054 | 5,772 | 824 | 1,634 |
| Minnesota | 5,408 | 18,069 | 16,781 | 1,708 | 1,961 |
| Mississippi | 3,119 | 7,966 | 5,707 | 1,114 | 2,470 |
| Missouri | 3,508 | 11,335 | 9,545 | 1,177 | 1,251 |
| Montana | 3,776 | 13,447 | 8,674 | 1,296 | 2,101 |
| Nebraska | 4,065 | 13,239 | 12,036 | 1,413 | 1,935 |
| Nevada | 3,418 | 7,698 | 9,296 | 1,470 | 2,310 |
| New Hampshire | 5,657 | 13,904 | 18,399 | 2,249 | 2,344 |
| New Jersey | 5,225 | 15,156 | 12,723 | 1,415 | 4,510 |
| New Mexico | 3,118 | 9,347 | 9,633 | 1,442 | 1,998 |
| New York | 8,279 | 21,126 | 19,140 | 2,096 | 3,738 |
| North Carolina | 3,736 | 8,950 | 9,233 | 1,102 | 2,312 |
| North Dakota | 5,593 | 15,584 | 16,814 | 1,535 | 2,049 |
| Ohio | 4,956 | 17,148 | 11,746 | 1,189 | 2,051 |
| Oklahoma | 3,078 | 8,073 | 8,848 | 1,161 | 1,205 |
| Oregon | 3,043 | 9,566 | 9,383 | 1,619 | 1,680 |
| Pennsylvania | 3,946 | 11,253 | 7,872 | 1,534 | 1,876 |
| Rhode Island | 5,472 | 18,133 | 14,386 | 1,410 | 1,924 |
| South Carolina | 3,815 | 7,269 | 7,854 | 1,282 | 1,291 |
| South Dakota | 4,305 | 12,695 | 11,464 | 1,302 | 2,234 |
| Tennessee | 2,118 | 6,595 | 4,317 | 969 | 1,542 |
| Texas | 3,227 | 8,193 | 9,434 | 1,234 | 2,350 |
| Utah | 3,657 | 9,762 | 11,250 | 1,132 | 1,547 |
| Vermont | 3,248 | 7,409 | 10,149 | 1,482 | 1,465 |
| Virginia | 3,592 | 8,300 | 8,678 | 1,116 | 2,127 |
| Washington | 2,985 | 9,434 | 6,169 | 938 | 2,417 |
| West Virginia | 3,920 | 12,098 | 6,834 | 1,169 | 1,650 |
| Wisconsin | 4,267 | 14,973 | 8,128 | 1,212 | 1,465 |
| Wyoming | 4,313 | 14,128 | 13,023 | 1,234 | 2,442 |

NOTE: Other and unknown basis of eligibility not shown separately.

SOURCES: CMS/CMSO/ORDI

September 2002

## Medicare Enrollment by State
## 2001

| | Enrollees | | Enrollees |
|---|---|---|---|
| All Areas [1] | 40,025,717 | Missouri | 867,063 |
| | | Montana | 138,424 |
| United States [2] | 39,136,341 | Nebraska | 254,526 |
| | | Nevada | 253,842 |
| Alabama | 695,767 | New Hampshire | 172,851 |
| Alaska | 43,660 | | |
| Arizona | 697,464 | New Jersey | 1,204,175 |
| Arkansas | 441,533 | New Mexico | 238,601 |
| California | 3,944,522 | New York | 2,712,018 |
| | | North Carolina | 1,157,943 |
| Colorado | 475,572 | North Dakota | 102,980 |
| Connecticut | 515,261 | | |
| Delaware | 114,393 | Ohio | 1,703,045 |
| District of Columbia | 74,088 | Oklahoma | 510,792 |
| Florida | 2,859,344 | Oregon | 497,804 |
| | | Pennsylvania | 2,093,452 |
| Georgia | 935,662 | Rhode Island | 171,551 |
| Hawaii | 168,470 | | |
| Idaho | 169,198 | South Carolina | 581,923 |
| Illinois | 1,634,200 | South Dakota | 120,025 |
| Indiana | 857,522 | Tennessee | 844,266 |
| | | Texas | 2,303,157 |
| Iowa | 477,262 | Utah | 210,918 |
| Kansas | 390,649 | | |
| Kentucky | 629,997 | Vermont | 89,966 |
| Louisiana | 605,137 | Virginia | 911,227 |
| Maine | 219,478 | Washington | 746,889 |
| | | West Virginia | 339,495 |
| Maryland | 654,486 | Wisconsin | 787,215 |
| Massachusetts | 958,381 | Wyoming | 66,396 |
| Michigan | 1,410,476 | | |
| Minnesota | 659,422 | Puerto Rico | 549,233 |
| Mississippi | 423,853 | | |

[1] Includes U.S. and enrollees residing in outlying territories, foreign countries and those with unknown state of residence.

[2] Includes enrollees residing in 50 states and the District of Columbia.

NOTE: Data based on Denominator Tables as of July.

SOURCE: CMS/ORDI

September 2002

## Medicare Enrollment as a Percent of Resident Population by State
## 2001

| | Resident Population in thousands | Medicare Enrollees in thousands | Enrollees as Percent of Population |
|---|---|---|---|
| All Areas | NA | 40,026 [1] | NA |
| United States | 282,125 | 39,136 [2] | 13.9 |
| Alabama | 4,451 | 696 | 15.6 |
| Alaska | 628 | 44 | 7.0 |
| Arizona | 5,165 | 697 | 13.5 |
| Arkansas | 2,678 | 442 | 16.5 |
| California | 34,000 | 3,945 | 11.6 |
| Colorado | 4,323 | 476 | 11.0 |
| Connecticut | 3,410 | 515 | 15.1 |
| Delaware | 786 | 114 | 14.5 |
| District of Columbia | 571 | 74 | 13.0 |
| Florida | 16,054 | 2,859 | 17.8 |
| Georgia | 8,230 | 936 | 11.4 |
| Hawaii | 1,212 | 168 | 13.9 |
| Idaho | 1,299 | 169 | 13.0 |
| Illinois | 12,436 | 1,634 | 13.1 |
| Indiana | 6,090 | 858 | 14.1 |
| Iowa | 2,928 | 477 | 16.3 |
| Kansas | 2,692 | 391 | 14.5 |
| Kentucky | 4,047 | 630 | 15.6 |
| Louisiana | 4,470 | 605 | 13.5 |
| Maine | 1,277 | 219 | 17.1 |
| Maryland | 5,311 | 654 | 12.3 |
| Massachusetts | 6,357 | 958 | 15.1 |
| Michigan | 9,952 | 1,410 | 14.2 |
| Minnesota | 4,931 | 659 | 13.4 |
| Mississippi | 2,849 | 424 | 14.9 |
| Missouri | 5,604 | 867 | 15.5 |
| Montana | 903 | 138 | 15.3 |
| Nebraska | 1,713 | 255 | 14.9 |
| Nevada | 2,019 | 254 | 12.6 |
| New Hampshire | 1,240 | 173 | 14.0 |
| New Jersey | 8,429 | 1,204 | 14.3 |
| New Mexico | 1,821 | 239 | 13.1 |
| New York | 18,989 | 2,712 | 14.3 |
| North Carolina | 8,077 | 1,158 | 14.3 |
| North Dakota | 641 | 103 | 16.1 |
| Ohio | 11,360 | 1,703 | 15.0 |
| Oklahoma | 3,453 | 511 | 14.8 |
| Oregon | 3,429 | 498 | 14.5 |
| Pennslyvania | 12,283 | 2,093 | 17.0 |
| Rhode Island | 1,050 | 172 | 16.4 |
| South Carolina | 4,023 | 582 | 14.5 |
| South Dakota | 756 | 120 | 15.9 |
| Tennessee | 5,702 | 844 | 14.8 |
| Texas | 20,947 | 2,303 | 11.0 |
| Utah | 2,242 | 211 | 9.4 |
| Vermont | 610 | 90 | 14.8 |
| Virginia | 7,104 | 911 | 12.8 |
| Washington | 5,908 | 747 | 12.6 |
| West Virginia | 1,807 | 339 | 18.8 |
| Wisconsin | 5,372 | 787 | 14.7 |
| Wyoming | 494 | 66 | 13.4 |
| Puerto Rico | NA | 549 | NA |

[1] Includes the United States, its Territories and Possessions, residents of foreign countries and residence unknown.

[2] Includes enrollees residing in the 50 States and the District of Columbia.

NOTES: Resident population is a provisional estimate. The 2001 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Medicare Denominator enrollment data as of July 1.

SOURCES: CMS/ORDI and Bureau of the Census

September 2002

## Medicare and Prepaid Enrollment Distribution by State
## 2002

| | Medicare Enrollees in thousands [1] | M + C | TEFRA Cost | HCPP | Other Demos | Total Prepaid Enrollees | Prepaid as a Percent of Medicare |
|---|---|---|---|---|---|---|---|
| Total | 40,026 | 4,938,485 | 291,110 | 104,446 | 181,803 | 5,525,427 | 14 |
| Alabama | 686 | 44,723 | 0 | 0 | 0 | 44,723 | 7 |
| Alaska | 42 | 0 | 0 | 0 | 0 | 0 | 0 |
| Arizona | 676 | 214,083 | 0 | 0 | 1,468 | 215,551 | 32 |
| Arkansas | 434 | 0 | 0 | 0 | 0 | 0 | 0 |
| California | 3,922 | 1,335,888 | 26,217 | 1,028 | 52,446 | 1,415,579 | 36 |
| Colorado | 470 | 110,680 | 19,088 | 0 | 7,150 | 136,918 | 29 |
| Connecticut | 518 | 31,020 | 0 | 0 | 0 | 31,020 | 6 |
| Delaware | 115 | 456 | 0 | 0 | 0 | 456 | 0 |
| Dist. of Columbia | 75 | 0 | 0 | 0 | 0 | 0 | 0 |
| Florida | 2,827 | 571,394 | 4,632 | 2,418 | 2,372 | 580,816 | 21 |
| Georgia | 928 | 34,619 | 0 | 0 | 2,399 | 37,018 | 4 |
| Hawaii | 168 | 20,025 | 39,170 | 0 | 0 | 59,195 | 35 |
| Idaho | 167 | 7,055 | 6,125 | 0 | 0 | 13,180 | 8 |
| Illinois | 1,626 | 72,766 | 13,332 | 11,351 | 1,969 | 99,418 | 6 |
| Indiana | 848 | 1,659 | 16,848 | 0 | 0 | 18,507 | 2 |
| Iowa | 475 | 0 | 7,609 | 0 | 0 | 7,609 | 2 |
| Kansas | 386 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kentucky | 618 | 0 | 0 | 0 | 0 | 0 | 0 |
| Louisiana | 600 | 68,273 | 0 | 0 | 0 | 68,273 | 11 |
| Maine | 216 | 0 | 0 | 0 | 0 | 0 | 0 |
| Maryland | 646 | 26,724 | 4,828 | 0 | 2,823 | 34,375 | 5 |
| Massachusetts | 961 | 207,561 | 0 | 0 | 4,686 | 212,247 | 22 |
| Michigan | 1,402 | 27,952 | 0 | 0 | 3,916 | 31,868 | 2 |
| Minnesota | 655 | 41,986 | 38,766 | 0 | 4,703 | 85,455 | 13 |
| Mississippi | 419 | 1,044 | 0 | 0 | 0 | 1,044 | 0 |
| Missouri | 859 | 157,197 | 0 | 1,854 | 0 | 159,051 | 19 |
| Montana | 137 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nebraska | 254 | 9,227 | 0 | 0 | 0 | 9,227 | 4 |
| Nevada | 246 | 40,837 | 0 | 0 | 40,681 | 81,518 | 33 |
| New Hampshire | 169 | 1,120 | 0 | 0 | 0 | 1,120 | 1 |

## Medicare and Prepaid Enrollment Distribution by State
## 2002
## (continued)

| | Medicare Enrollees in thousands [1] | M + C | Cost | HCPP | Other Demos | Total Prepaid Enrollees | Prepaid as a Percent of Medicare |
|---|---|---|---|---|---|---|---|
| New Jersey | 1,212 | 105,112 | 0 | 0 | 0 | 105,112 | 9 |
| New Mexico | 234 | 35,843 | 0 | 0 | 0 | 35,843 | 15 |
| New York | 2,695 | 417,171 | 35,581 | 7,568 | 10,642 | 470,962 | 17 |
| North Carolina | 1,131 | 49,712 | 0 | 0 | 0 | 49,712 | 4 |
| North Dakota | 102 | 0 | 651 | 0 | 0 | 651 | 1 |
| Ohio | 1,706 | 239,711 | 3,852 | 0 | 9,585 | 253,148 | 15 |
| Oklahoma | 507 | 41,173 | 0 | 0 | 0 | 41,173 | 8 |
| Oregon | 496 | 139,525 | 40,190 | 0 | 4,322 | 184,037 | 37 |
| Pennsylvania | 2,091 | 475,705 | 0 | 0 | 24,622 | 500,327 | 24 |
| Puerto Rico | 534 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rhode Island | 170 | 57,888 | 0 | 0 | 0 | 57,888 | 34 |
| South Carolina | 570 | 0 | 0 | 0 | 0 | 0 | 0 |
| South Dakota | 118 | 1,911 | 0 | 0 | 0 | 1,911 | 2 |
| Tennessee | 830 | 48,976 | 0 | 0 | 0 | 48,976 | 6 |
| Texas | 2,268 | 155,286 | 25,537 | 6,877 | 0 | 187,700 | 8 |
| Utah | 209 | 0 | 0 | 17,985 | 0 | 17,985 | 9 |
| Vermont | 89 | 0 | 0 | 0 | 0 | 0 | 0 |
| V.I./Guam/A.S./Foreign | 316 | 0 | 0 | 0 | 0 | 0 | 0 |
| Virginia | 896 | 0 | 0 | 2,994 | 0 | 2,994 | 0 |
| Washington | 736 | 138,114 | 0 | 0 | 0 | 138,114 | 19 |
| West Virginia | 338 | 0 | 0 | 0 | 2,014 | 2,014 | 1 |
| Wisconsin | 776 | 6,069 | 8,684 | 0 | 6,005 | 20,758 | 3 |
| Wyoming | 66 | 0 | 0 | 0 | 0 | 0 | 0 |
| United Mine Workers[2] | -- | -- | -- | 52,371 | | 52,371 | -- |

[1] Denominator Enrollment as of July 2001. [2] United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).

NOTES: Totals do not necessarily equal the sum of rounded components. Data as of July 2002. Enrollment by type of plan within State reflects the location of the plan, not necessarily the State of the residence of the beneficiary.

SOURCES: CMS/CBC/ORDI

September 2002

## Medicaid Eligibles by State
## Fiscal Year 1999

| | Resident Population in thousands | Medicaid Eligibles in thousands | Eligibles as Percent of Population |
|---|---|---|---|
| All Reporting Medicaid Jurisdictions | NA | NA | NA |
| United States | 272,691 | 40,844 | 15.0 |
| Alabama | 4,370 | 650 | 14.9 |
| Alaska | 620 | 99 | 16.0 |
| Arizona [1] | 4,778 | 644 | 13.5 |
| Arkansas | 2,551 | 483 | 18.9 |
| California | 33,145 | 6,217 | 18.8 |
| Colorado | 4,056 | 352 | 8.7 |
| Connecticut | 3,282 | 410 | 12.5 |
| Delaware | 754 | 113 | 15.0 |
| District of Columbia | 519 | 145 | 27.9 |
| Florida | 15,111 | 2,116 | 14.0 |
| Georgia | 7,788 | 1,237 | 15.9 |
| Hawaii | 1,185 | NA | 0.0 |
| Idaho | 1,252 | 94 | 7.5 |
| Illinois | 12,128 | 1,699 | 14.0 |
| Indiana | 5,943 | 668 | 11.2 |
| Iowa | 2,869 | 313 | 10.9 |
| Kansas | 2,654 | 260 | 9.8 |
| Kentucky | 3,961 | 668 | 16.9 |
| Louisiana | 4,372 | 775 | 17.7 |
| Maine | 1,253 | 201 | 16.0 |
| Maryland | 5,172 | 628 | 12.1 |
| Massachusetts | 6,175 | 1,043 | 16.9 |
| Michigan | 9,864 | 1,335 | 13.5 |
| Minnesota | 4,776 | 587 | 12.3 |
| Mississippi | 2,769 | 545 | 19.7 |
| Missouri | 5,468 | 877 | 16.0 |
| Montana | 883 | 96 | 10.9 |
| Nebraska | 1,666 | 223 | 13.4 |
| Nevada | 1,809 | 153 | 8.5 |
| New Hampshire | 1,201 | 105 | 8.7 |
| New Jersey | 8,143 | 841 | 10.3 |
| New Mexico | 1,740 | 370 | 21.3 |
| New York | 18,197 | 3,327 | 18.3 |
| North Carolina | 7,651 | 1,182 | 15.4 |
| North Dakota | 634 | 62 | 9.8 |
| Ohio | 11,257 | 1,390 | 12.3 |
| Oklahoma | 3,358 | 525 | 15.6 |
| Oregon | 3,316 | 534 | 16.1 |
| Pennsylvania | 11,994 | 1,773 | 14.8 |
| Rhode Island | 991 | 155 | 15.6 |
| South Carolina | 3,886 | 725 | 18.7 |
| South Dakota | 733 | 92 | 12.6 |
| Tennessee | 5,484 | 1,533 | 28.0 |
| Texas | 20,044 | 2,676 | 13.4 |
| Utah | 2,130 | 198 | 9.3 |
| Vermont | 594 | 139 | 23.4 |
| Virginia | 6,873 | 691 | 10.1 |
| Washington | 5,756 | 895 | 15.5 |
| West Virginia | 1,807 | 377 | 20.9 |
| Wisconsin | 5,250 | 563 | 10.7 |
| Wyoming | 480 | 52 | 10.8 |
| Puerto Rico | NA | NA | NA |
| Virgin Islands | NA | NA | NA |

[1] Arizona operates a medical assistance program under a Section 1115 Demonstration project.

NOTES: Resident population is a provisional estimate as of July 1, 1999. The 1999 resident population data for Puerto Rico and Virgin Islands are not available. Medicaid eligibles represent those ever enrolled in Medicaid at any time during the year.

SOURCES: CMS/CMSO and Bureau of the Census

## Medicare State Buy-Ins for Part A and Part B
## June 2002

| State | Part A QMBs | Part B Buy-Ins | Part B QMBs[1] | Part B SLMBs[1] | Part B QI-1s[1] | State | Part A QMBs | Part B Buy-Ins | Part B QMBs[1] | Part B SLMBs[1] | Part B QI-1s[1] |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 368,572 | 5,788,248 | 2,600,271 | 479,026 | 89,747 | Missouri | 672 | 93,316 | 65,395 | 12,532 | 1,170 |
| | | | | | | Montana | 385 | 13,324 | 9,022 | 2,038 | 314 |
| Alabama | 2,294 | 144,212 | 39,378 | 16,751 | 6,026 | Nebraska | --- | 21,986 | 11,556 | 1,818 | --- |
| Alaska | 690 | 9,377 | 7,126 | 94 | --- | Nevada | 1,271 | 21,896 | 13,522 | 3,377 | 725 |
| Arizona | 756 | 73,547 | 38,825 | 6,246 | 3,172 | New Hampshire | 27 | 9,198 | 1,432 | 4,599 | --- |
| Arkansas | 2,719 | 81,985 | 23,443 | 7,791 | 377 | New Jersey | 7,724 | 151,288 | 93,754 | 16,973 | 6,710 |
| California | 126,949 | 887,176 | 336,948 | 24,901 | 4,410 | New Mexico | 370 | 40,870 | 9,875 | 3,256 | 681 |
| Colorado | 407 | 57,853 | 9,907 | --- | --- | New York | 339 | 407,477 | 170,192 | 4,659 | 2,913 |
| Connecticut | 2,529 | 59,914 | 42,915 | 11,150 | --- | North Carolina | 10,805 | 232,653 | 60,452 | 5,097 | 7,333 |
| Delaware | 358 | 13,101 | 3,434 | 1,764 | 418 | North Dakota | --- | 6,323 | 1,871 | 748 | 176 |
| District of Columbia | 821 | 15,074 | 422 | 2,451 | --- | Ohio | 5,346 | 182,546 | 58,834 | 18,101 | 7,210 |
| Florida | 43,819 | 369,639 | 175,642 | 33,568 | 10,242 | Oklahoma | 3,647 | 68,772 | 55,008 | 10,060 | 2,668 |
| Georgia | 3,661 | 186,015 | 49,702 | 21,162 | 6,873 | Oregon | 57 | 65,893 | 36,032 | 10,063 | --- |
| Hawaii | 4,273 | 21,814 | 18,543 | 587 | 87 | Pennsylvania | 16,145 | 218,081 | 130,121 | 33,541 | --- |
| Idaho | 514 | 19,636 | 11,172 | 1,773 | 531 | Rhode Island | 460 | 22,844 | 881 | --- | --- |
| Illinois | 2,446 | 163,057 | 113,261 | 18,184 | 6,157 | South Carolina | 1,411 | 118,382 | 81,657 | 10,572 | --- |
| Indiana | 1,479 | 95,203 | 59,183 | 15,083 | 2,165 | South Dakota | 730 | 13,475 | 4,313 | 1,761 | 362 |
| Iowa | 1,002 | 54,370 | 34,683 | 8,086 | 1,438 | Tennessee | 5,735 | 187,246 | 80,366 | 10,234 | --- |
| Kansas | 641 | 43,004 | 17,233 | 3,096 | 519 | Texas | 45,430 | 378,649 | 110,754 | 39,877 | --- |
| Kentucky | 2,795 | 121,758 | 33,348 | 13,483 | 2,972 | Utah | 92 | 17,410 | 11,444 | 2,113 | --- |
| Louisana | 3,944 | 120,096 | 71,536 | 13,097 | 4,142 | Vermont | 119 | 14,615 | 3,802 | 2,641 | --- |
| Maine | 17 | 39,459 | 17,091 | 4,770 | --- | Virginia | 3,223 | 116,171 | 41,645 | 8,689 | 2,221 |
| Maryland | 7,979 | 70,034 | 55,704 | 4,454 | 1,277 | Washington | 4,612 | 99,153 | 66,350 | 5,953 | 1,561 |
| Massachusetts | 18,380 | 163,314 | 137,051 | 16,874 | 2,188 | West Virginia | 3,008 | 47,507 | 39,464 | 6,004 | 1,304 |
| Michigan | 13,373 | 152,481 | 49,626 | 18,450 | 205 | Wisconsin | 3,865 | 74,989 | 19,567 | 8,613 | 945 |
| Minnesota | 5,642 | 68,648 | 13,350 | 3,248 | --- | Wyoming | 161 | 7,070 | 2,523 | 867 | 251 |
| Mississippi | 5,445 | 125,420 | 60,916 | 7,773 | --- | Outlying Areas | --- | 927 | --- | --- | --- |

[1] Included in Part B Buy-In column.

NOTES: "---" equals ten or fewer observations. Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMBs), and Qualified Individuals (QI-1s) are persons with limited resources whose incomes are at or below the national poverty level (QMBs), up to 120% of the national poverty levels (SLMBs), and up to 135% of the national poverty level (QI-1s). In addition to Medicare premiums, the Medicaid program may cover the cost of deductibles, coinsurance, and certain non-Medicare covered services which Medicare beneficiaries normally pay out of their own pockets.

SOURCE: CMS/OIS

September 2002

# Medicare Persons Served by State
## Calendar Year 2000

| | Aged | | Disabled | | | Aged | | Disabled | |
|---|---|---|---|---|---|---|---|---|---|
| | Persons Served in thousands | Served per 1,000 Enrollees | Persons Served in thousands | Served per 1,000 Enrollees | | Persons Served in thousands | Served per 1,000 Enrollees | Persons Served in thousands | Served per 1,000 Enrollees |
| All Areas | 25,486 | 916 | 4,096 | 835 | Missouri | 566 | 928 | 98 | 852 |
| | | | | | Montana | 109 | 924 | 15 | 789 |
| United States | 25,465 | 938 | 4,094 | 861 | Nebraska | 204 | 936 | 23 | 885 |
| | | | | | Nevada | 119 | 850 | 19 | 760 |
| Alabama | 473 | 933 | 103 | 866 | New Hampshire | 130 | 903 | 17 | 773 |
| Alaska | 29 | 829 | 6 | 857 | | | | | |
| Arizona | 335 | 901 | 47 | 758 | New Jersey | 833 | 911 | 106 | 841 |
| Arkansas | 317 | 935 | 65 | 855 | New Mexico | 138 | 868 | 24 | 774 |
| California | 1,726 | 881 | 296 | 783 | New York | 1,705 | 912 | 273 | 822 |
| | | | | | North Carolina | 844 | 943 | 169 | 899 |
| Colorado | 246 | 965 | 42 | 778 | North Dakota | 86 | 945 | 9 | 900 |
| Connecticut | 333 | 928 | 47 | 870 | | | | | |
| Delaware | 88 | 926 | 12 | 800 | Ohio | 1,137 | 941 | 168 | 836 |
| District of Columbia | 47 | 797 | 8 | 800 | Oklahoma | 360 | 933 | 58 | 866 |
| Florida | 1,734 | 953 | 219 | 876 | Oregon | 262 | 1,000 | 39 | 813 |
| | | | | | Pennsylvania | 1,222 | 939 | 158 | 806 |
| Georgia | 653 | 818 | 141 | 865 | Rhode Island | 84 | 894 | 15 | 750 |
| Hawaii | 94 | 940 | 11 | 846 | | | | | |
| Idaho | 127 | 977 | 17 | 850 | South Carolina | 432 | 929 | 94 | 904 |
| Illinois | 1,160 | 922 | 148 | 831 | South Dakota | 95 | 913 | 12 | 857 |
| Indiana | 657 | 940 | 96 | 842 | Tennessee | 592 | 932 | 126 | 869 |
| | | | | | Texas | 1,493 | 922 | 222 | 874 |
| Iowa | 397 | 973 | 45 | 900 | Utah | 167 | 938 | 20 | 833 |
| Kansas | 302 | 959 | 36 | 900 | | | | | |
| Kentucky | 430 | 943 | 109 | 852 | Vermont | 70 | 933 | 12 | 857 |
| Louisiana | 371 | 928 | 80 | 860 | Virginia | 671 | 918 | 114 | 877 |
| Maine | 166 | 922 | 29 | 829 | Washington | 425 | 902 | 68 | 829 |
| | | | | | West Virginia | 244 | 988 | 56 | 862 |
| Maryland | 452 | 895 | 60 | 845 | Wisconsin | 609 | 947 | 74 | 860 |
| Massachusetts | 540 | 896 | 97 | 802 | Wyoming | 52 | 929 | 6 | 750 |
| Michigan | 1,062 | 941 | 162 | 844 | | | | | |
| Minnesota | 485 | 976 | 60 | 833 | Puerto Rico | 284 | --- | 84 | --- |
| Mississippi | 300 | 929 | 78 | 876 | Other Outlying Areas | 8 | --- | 1 | --- |
| | | | | | Unknown & Foreign | 21 | --- | 3 | --- |

[1] Less than 500.

NOTES: Persons served represents persons receiving a reimbursed service under fee-for-service at any time during the year. The denominator used to calculate the rate served per 1,000 enrollees is the July 1, 2000 HI and/or SMI fee-for-service population. The rates may exceed 1,000 for a variety of reasons, including areas with rapidly changing fee-for-service/managed care distributions.

SOURCE: CMS/ORDI

September 2002

## National Community Hospital Care by State
## 2000 Annual Survey

| | Admissions in thousands | Average Stay in Days | Outpatient Visits in thousands | | Admissions in thousands | Average Stay in Days | Outpatient Visits in thousands |
|---|---|---|---|---|---|---|---|
| United States | 33,089 | 5.8 | 521,405 | Missouri | 773 | 5.5 | 14,807 |
| | | | | Montana | 99 | 10.5 | 2,649 |
| Alabama | 680 | 5.3 | 7,964 | Nebraska | 209 | 2.0 | 3,405 |
| Alaska | 47 | 6.3 | 1,271 | Nevada | 199 | 4.9 | 2,192 |
| Arizona | 539 | 4.6 | 5,300 | New Hampshire | 111 | 5.5 | 2,763 |
| Arkansas | 368 | 5.7 | 4,407 | | | | |
| California | 3,315 | 5.3 | 44,944 | New Jersey | 1,074 | 5.9 | 16,307 |
| | | | | New Mexico | 174 | 4.2 | 3,101 |
| Colorado | 397 | 5.0 | 6,713 | New York | 2,416 | 7.9 | 46,372 |
| Connecticut | 349 | 6.1 | 6,734 | North Carolina | 971 | 6.0 | 12,379 |
| Delaware | 83 | 6.1 | 1,462 | North Dakota | 89 | 9.4 | 1,695 |
| District of Columbia | 129 | 7.0 | 1,331 | Ohio | 1,404 | 5.4 | 26,857 |
| Florida | 2,119 | 5.4 | 21,794 | Oklahoma | 429 | 5.3 | 4,702 |
| | | | | Oregon | 330 | 4.4 | 7,273 |
| Georgia | 863 | 6.4 | 11,242 | Pennsylvania | 1,796 | 5.9 | 31,849 |
| Hawaii | 100 | 8.5 | 2,466 | Rhode Island | 119 | 5.3 | 2,081 |
| Idaho | 123 | 5.4 | 2,157 | | | | |
| Illinois | 1,531 | 5.4 | 25,100 | South Carolina | 495 | 5.9 | 7,779 |
| Indiana | 700 | 5.6 | 14,134 | South Dakota | 99 | 10.5 | 1,718 |
| | | | | Tennessee | 737 | 5.7 | 10,275 |
| Iowa | 360 | 6.9 | 9,157 | Texas | 2,367 | 5.1 | 29,393 |
| Kansas | 310 | 6.7 | 5,255 | Utah | 194 | 4.6 | 4,469 |
| Kentucky | 582 | 5.7 | 8,697 | | | | |
| Louisiana | 654 | 5.5 | 10,026 | Vermont | 52 | 7.8 | 1,243 |
| Maine | 147 | 5.9 | 3,247 | Virginia | 727 | 5.7 | 9,543 |
| | | | | Washington | 505 | 4.8 | 9,589 |
| Maryland | 587 | 5.1 | 6,017 | West Virginia | 288 | 6.2 | 5,196 |
| Massachusetts | 740 | 5.8 | 16,710 | Wisconsin | 558 | 6.0 | 10,854 |
| Michigan | 1,106 | 5.6 | 24,861 | Wyoming | 48 | 8.2 | 879 |
| Minnesota | 571 | 7.2 | 7,336 | | | | |
| Mississippi | 425 | 6.9 | 3,708 | | | | |

SOURCE: American Hospital Association's 2002 Hospital Statistics.

September 2002

## Medicare Skilled Nursing Facility Non-Swing Bed Utilization by State
## Calendar Year 2000

| | Total Patients | Total Discharges | Total Covered Days | Average Days Per Discharge | Total Reimbursement | Average Reimbursement Per Day | Average Reimbursement Per Discharge |
|---|---|---|---|---|---|---|---|
| Total[1] | 1,401,085 | 1,438,690 | 44,103,335 | 31 | $10,420,208,068 | $236 | $7,243 |
| Alabama | 22,489 | 20,803 | 818,200 | 39 | 157,993,833 | 193 | 7,595 |
| Alaska | 578 | 584 | 18,695 | 32 | 4,906,583 | 262 | 8,402 |
| Arizona | 16,566 | 18,102 | 356,039 | 20 | 95,602,121 | 269 | 5,281 |
| Arkansas | 14,387 | 16,065 | 401,010 | 25 | 74,375,496 | 185 | 4,630 |
| California | 103,470 | 118,066 | 2,892,952 | 25 | 899,111,939 | 311 | 7,615 |
| Colorado | 13,906 | 15,422 | 363,112 | 24 | 97,867,430 | 270 | 6,346 |
| Connecticut | 27,899 | 25,709 | 1,115,220 | 43 | 258,889,785 | 232 | 10,070 |
| Delaware | 3,749 | 3,360 | 128,722 | 38 | 29,715,510 | 231 | 8,844 |
| District of Columbia | 2,263 | 2,180 | 63,272 | 29 | 16,040,078 | 254 | 7,358 |
| Florida | 106,248 | 120,917 | 3,241,397 | 27 | 826,119,572 | 255 | 6,832 |
| Georgia | 26,015 | 24,385 | 906,424 | 37 | 187,521,483 | 207 | 7,690 |
| Hawaii | 1,809 | 1,631 | 54,905 | 34 | 14,305,301 | 261 | 8,771 |
| Idaho | 7,326 | 8,066 | 222,821 | 28 | 48,250,905 | 217 | 5,982 |
| Illinois | 73,296 | 83,762 | 2,097,181 | 25 | 501,102,601 | 239 | 5,982 |
| Indiana | 44,916 | 46,362 | 1,476,501 | 32 | 331,727,189 | 225 | 7,155 |
| Iowa | 18,556 | 19,841 | 403,822 | 20 | 85,914,740 | 213 | 4,330 |
| Kansas | 14,506 | 16,524 | 365,057 | 22 | 83,269,768 | 228 | 5,039 |
| Kentucky | 24,354 | 24,632 | 774,949 | 32 | 157,418,781 | 203 | 6,391 |
| Louisiana | 18,115 | 20,330 | 496,214 | 24 | 115,532,274 | 233 | 5,683 |
| Maine | 9,954 | 10,226 | 284,804 | 28 | 63,358,909 | 222 | 6,196 |
| Maryland | 30,756 | 34,260 | 866,892 | 25 | 205,364,170 | 237 | 5,994 |
| Massachusetts | 49,765 | 50,484 | 1,575,378 | 31 | 400,091,499 | 254 | 7,925 |
| Michigan | 43,262 | 38,102 | 1,695,636 | 45 | 360,160,332 | 212 | 9,453 |
| Minnesota | 29,872 | 23,590 | 927,913 | 39 | 189,847,517 | 205 | 8,048 |
| Mississippi | 12,107 | 12,556 | 422,956 | 34 | 79,000,000 | 187 | 6,292 |
| Missouri | 34,401 | 37,698 | 908,257 | 24 | 208,317,619 | 229 | 5,526 |
| Montana | 6,472 | 7,319 | 156,871 | 21 | 32,751,902 | 209 | 4,475 |
| Nebraska | 10,931 | 11,358 | 285,642 | 25 | 62,145,931 | 218 | 5,472 |
| Nevada | 4,886 | 5,156 | 132,882 | 26 | 35,939,412 | 270 | 6,970 |

## Medicare Skilled Nursing Facility Non-Swing Bed Utilization by State
## Calendar Year 2000
## (continued)

| | Total Patients | Total Discharges | Total Covered Days | Average Days Per Discharge | Total Reimbursement | Average Reimbursement Per Day | Average Reimbursement Per Discharge |
|---|---|---|---|---|---|---|---|
| New Hampshire | 6,362 | 6,453 | 214,734 | 33 | $51,604,153 | $240 | $7,997 |
| New Jersey | 51,081 | 51,665 | 1,549,570 | 30 | 409,249,049 | 264 | 7,921 |
| New Mexico | 4,550 | 4,846 | 126,208 | 26 | 28,801,360 | 228 | 5,943 |
| New York | 85,792 | 64,543 | 3,596,936 | 56 | 907,414,354 | 252 | 14,059 |
| North Carolina | 38,993 | 33,389 | 1,432,457 | 43 | 266,996,834 | 186 | 7,997 |
| North Dakota | 4,182 | 3,237 | 104,882 | 32 | 18,200,712 | 174 | 5,623 |
| Ohio | 79,706 | 81,719 | 2,369,731 | 29 | 556,452,842 | 235 | 6,809 |
| Oklahoma | 15,593 | 17,921 | 411,099 | 23 | 92,797,938 | 226 | 5,178 |
| Oregon | 10,669 | 11,512 | 227,703 | 20 | 62,762,050 | 276 | 5,452 |
| Pennsylvania | 83,370 | 81,715 | 2,572,173 | 32 | 592,712,384 | 230 | 7,253 |
| Puerto Rico | 1,989 | 2,116 | 43,002 | 20 | 5,961,143 | 139 | 2,817 |
| Rhode Island | 6,995 | 6,680 | 233,947 | 35 | 54,212,422 | 232 | 8,116 |
| South Carolina | 18,671 | 19,031 | 626,074 | 33 | 123,970,284 | 198 | 6,514 |
| South Dakota | 4,516 | 3,939 | 146,092 | 37 | 25,472,468 | 174 | 6,467 |
| Tennessee | 35,111 | 40,724 | 1,171,898 | 29 | 245,023,774 | 209 | 6,017 |
| Texas | 76,211 | 85,386 | 2,331,347 | 27 | 554,799,295 | 238 | 6,498 |
| Utah | 9,131 | 10,400 | 252,746 | 24 | 65,580,649 | 259 | 6,306 |
| Vermont | 3,069 | 2,710 | 111,550 | 41 | 21,997,304 | 197 | 8,117 |
| Virgin Islands | 32 | 28 | 801 | 29 | 137,381 | 172 | 4,906 |
| Virginia | 28,351 | 25,705 | 975,196 | 38 | 211,543,375 | 217 | 8,230 |
| Washington | 24,617 | 25,520 | 652,935 | 26 | 179,771,681 | 275 | 7,044 |
| West Virginia | 12,388 | 13,006 | 370,261 | 29 | 78,207,140 | 211 | 6,013 |
| Wisconsin | 33,300 | 26,702 | 1,052,619 | 39 | 227,319,377 | 216 | 8,513 |
| Wyoming | 2,261 | 2,195 | 73,955 | 34 | 15,988,286 | 216 | 7,284 |

[1] Includes residence unknown.

NOTES: Provider based data are derived from bills for services performed in 2000 and recorded in CMS central records as of June 2001. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data excludes no pay bills and has been screened to protect the privacy of beneficiaries.

SOURCE: CMS/OIS

September 2002

## Medicare Home Health Agency Utilization by State
## Calendar Year 2000

| | Total Claims | Total Reimbursement | Total Patients | Total Visits | Average Reimbursement Per Patient | Average Visits Per Patient |
|---|---|---|---|---|---|---|
| Total [1] | 8,120,066 | $7,352,198,941 | 2,496,793 | 90,729,921 | $2,945 | 36 |
| Alabama | 175,654 | 168,682,979 | 48,009 | 2,519,616 | 3,514 | 52 |
| Alaska | 4,581 | 4,948,266 | 1,755 | 35,897 | 2,820 | 20 |
| Arizona | 53,816 | 44,864,809 | 22,075 | 507,131 | 2,032 | 23 |
| Arkansas | 92,823 | 70,412,571 | 27,990 | 1,098,368 | 2,516 | 39 |
| California | 538,722 | 552,242,410 | 181,547 | 5,096,605 | 3,042 | 28 |
| Colorado | 69,647 | 62,059,893 | 22,527 | 744,572 | 2,755 | 33 |
| Connecticut | 127,206 | 127,277,041 | 41,538 | 1,769,941 | 3,064 | 43 |
| Delaware | 22,716 | 22,288,088 | 8,414 | 247,367 | 2,649 | 29 |
| District of Columbia | 12,162 | 13,591,258 | 5,057 | 140,459 | 2,688 | 28 |
| Florida | 536,828 | 609,415,956 | 193,463 | 7,345,442 | 3,150 | 38 |
| Georgia | 216,886 | 212,576,280 | 61,554 | 2,719,865 | 3,453 | 44 |
| Hawaii | 9,971 | 9,117,824 | 4,020 | 83,138 | 2,268 | 21 |
| Idaho | 26,038 | 22,589,192 | 9,595 | 255,634 | 2,354 | 27 |
| Illinois | 329,420 | 291,198,848 | 109,730 | 3,189,806 | 2,654 | 29 |
| Indiana | 135,104 | 115,107,053 | 46,148 | 1,475,809 | 2,494 | 32 |
| Iowa | 58,103 | 38,925,416 | 23,633 | 586,831 | 1,647 | 25 |
| Kansas | 47,590 | 35,766,702 | 17,477 | 492,433 | 2,047 | 28 |
| Kentucky | 163,497 | 143,902,641 | 47,321 | 2,009,854 | 3,041 | 42 |
| Louisiana | 389,789 | 268,786,518 | 51,301 | 4,148,364 | 5,239 | 81 |
| Maine | 60,658 | 49,907,026 | 19,120 | 692,525 | 2,610 | 36 |
| Maryland | 103,200 | 98,225,320 | 42,112 | 1,049,848 | 2,332 | 25 |
| Massachusetts | 265,721 | 264,499,921 | 80,528 | 3,348,058 | 3,285 | 42 |
| Michigan | 337,730 | 325,107,189 | 111,860 | 3,524,190 | 2,906 | 32 |
| Minnesota | 55,416 | 43,407,064 | 24,061 | 548,107 | 1,804 | 23 |
| Mississippi | 164,520 | 159,692,978 | 39,937 | 2,499,452 | 3,999 | 63 |
| Missouri | 170,200 | 140,321,366 | 58,601 | 1,689,233 | 2,395 | 29 |
| Montana | 21,500 | 16,969,367 | 7,860 | 217,240 | 2,159 | 28 |
| Nebraska | 34,410 | 26,630,690 | 13,610 | 334,320 | 1,957 | 25 |
| Nevada | 28,618 | 27,950,029 | 9,755 | 317,130 | 2,865 | 33 |

## Medicare Home Health Agency Utilization by State
## Calendar Year 2000
## (continued)

| | Total Claims | Total Reimbursement | Total Patients | Total Visits | Average Reimbursement Per Patient | Average Visits Per Patient |
|---|---|---|---|---|---|---|
| New Hampshire | 43,333 | $34,890,521 | 13,430 | 475,281 | $2,598 | 35 |
| New Jersey | 244,915 | 217,694,682 | 83,371 | 2,384,025 | 2,611 | 29 |
| New Mexico | 42,889 | 30,935,700 | 12,449 | 391,330 | 2,485 | 31 |
| New York | 503,938 | 539,610,710 | 176,545 | 6,198,399 | 3,057 | 35 |
| North Carolina | 258,437 | 224,486,196 | 85,252 | 2,663,491 | 2,633 | 31 |
| North Dakota | 15,894 | 10,915,859 | 6,560 | 152,570 | 1,664 | 23 |
| Ohio | 268,590 | 234,211,142 | 96,941 | 2,782,210 | 2,416 | 29 |
| Oklahoma | 211,553 | 153,518,343 | 38,534 | 2,391,555 | 3,984 | 62 |
| Oregon | 53,427 | 46,709,437 | 21,723 | 402,898 | 2,150 | 19 |
| Pennsylvania | 438,221 | 371,320,884 | 149,287 | 4,320,835 | 2,487 | 29 |
| Puerto Rico | 100,286 | 49,722,196 | 29,406 | 876,409 | 1,691 | 30 |
| Rhode Island | 42,314 | 34,877,864 | 12,086 | 413,718 | 2,886 | 34 |
| South Carolina | 127,604 | 117,930,079 | 41,230 | 1,385,071 | 2,860 | 34 |
| South Dakota | 14,186 | 10,347,344 | 5,790 | 135,504 | 1,787 | 23 |
| Tennessee | 262,271 | 263,112,165 | 66,650 | 3,676,402 | 3,948 | 55 |
| Texas | 721,196 | 601,429,555 | 149,097 | 7,917,686 | 4,034 | 53 |
| Utah | 51,323 | 53,600,635 | 14,566 | 705,285 | 3,680 | 48 |
| Vermont | 38,589 | 23,863,071 | 9,963 | 399,044 | 2,395 | 40 |
| Virgin Islands | 496 | 366,613 | 145 | 6,856 | 2,528 | 47 |
| Virginia | 188,494 | 165,546,655 | 63,219 | 2,092,157 | 2,619 | 33 |
| Washington | 81,944 | 74,206,539 | 32,962 | 676,838 | 2,251 | 21 |
| West Virginia | 55,468 | 44,114,832 | 18,452 | 551,698 | 2,391 | 30 |
| Wisconsin | 91,880 | 73,812,588 | 34,868 | 921,013 | 2,117 | 26 |
| Wyoming | 9,466 | 8,018,819 | 3,416 | 117,116 | 2,347 | 34 |

[1] Includes residence unknown.

NOTES: Provider based data are derived from bills for services performed in 2000 and recorded in CMS central records as of June 2001. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCES: CMS/OIS/HCIS

September 2002

## Medicare Hospice Utilization by State
## Calendar Year 2000

| | Total Patients | Total Reimbursement | Total Covered Days | Total Covered Hours | Total Covered Procedures | Average Reimbursement Per Patient | Average Days Per Patient |
|---|---|---|---|---|---|---|---|
| Total | 536,282 | $2,926,546,746 | 25,814,389 | 1,980,115 | 509,486 | $5,457 | 48 |
| Alabama | 11,314 | 78,167,388 | 830,192 | 32,910 | 21,693 | 6,909 | 73 |
| Alaska | 49 | 187,138 | 1,559 | 0 | 0 | 3,819 | 32 |
| Arizona | 16,084 | 94,014,116 | 751,853 | 26,761 | 27,970 | 5,845 | 47 |
| Arkansas | 5,234 | 29,738,692 | 319,060 | 10,645 | 612 | 5,682 | 61 |
| California | 50,062 | 278,771,114 | 2,187,487 | 125,572 | 20,108 | 5,569 | 44 |
| Colorado | 8,921 | 41,286,517 | 343,826 | 1,617 | 2,312 | 4,628 | 39 |
| Connecticut | 5,451 | 31,986,681 | 194,902 | 4,170 | 7,203 | 5,868 | 36 |
| Delaware | 1,443 | 7,882,233 | 70,754 | 76 | 64 | 5,462 | 49 |
| District of Columbia | 602 | 3,728,018 | 27,813 | 18 | 470 | 6,193 | 46 |
| Florida | 57,093 | 354,990,562 | 2,796,418 | 1,094,738 | 136,384 | 6,218 | 49 |
| Georgia | 14,025 | 78,816,111 | 736,443 | 18,122 | 2,725 | 5,620 | 53 |
| Hawaii | 1,401 | 7,561,724 | 55,327 | 42 | 32 | 5,397 | 39 |
| Idaho | 1,839 | 9,435,798 | 95,600 | 5,821 | 76 | 5,131 | 52 |
| Illinois | 23,808 | 119,223,303 | 1,047,937 | 44,807 | 39,891 | 5,008 | 44 |
| Indiana | 9,906 | 50,875,966 | 479,840 | 6,836 | 1,978 | 5,136 | 48 |
| Iowa | 6,547 | 30,739,285 | 303,169 | 2,111 | 3,633 | 4,695 | 46 |
| Kansas | 4,160 | 19,766,836 | 202,813 | 1,433 | 1,967 | 4,752 | 49 |
| Kentucky | 8,161 | 46,289,150 | 447,657 | 9,863 | 41,093 | 5,672 | 55 |
| Louisiana | 7,176 | 36,706,541 | 350,332 | 15,897 | 2,843 | 5,115 | 49 |
| Maine | 1,038 | 4,464,790 | 45,361 | 352 | 60 | 4,301 | 44 |
| Maryland | 7,699 | 34,089,051 | 296,631 | 88 | 5,851 | 4,428 | 39 |
| Massachusetts | 10,028 | 48,087,403 | 381,950 | 2,972 | 877 | 4,795 | 38 |
| Michigan | 22,778 | 115,220,967 | 1,011,579 | 9,827 | 7,401 | 5,058 | 44 |
| Minnesota | 8,063 | 44,346,271 | 393,124 | 13,514 | 11,140 | 5,500 | 49 |
| Mississippi | 5,717 | 45,544,483 | 468,631 | 29,459 | 20,581 | 7,967 | 82 |
| Missouri | 13,114 | 58,957,854 | 616,206 | 2,823 | 837 | 4,496 | 47 |
| Montana | 1,376 | 7,556,033 | 76,629 | 438 | 382 | 5,491 | 56 |
| Nebraska | 3,096 | 14,164,251 | 145,653 | 228 | 233 | 4,575 | 47 |
| Nevada | 3,644 | 19,707,954 | 140,026 | 553 | 5,317 | 5,408 | 38 |

## Medicare Hospice Utilization by State
## Calendar Year 2000
## (continued)

| | Total Patients | Total Reimbursement | Total Covered Days | Total Covered Hours | Total Covered Procedures | Average Reimbursement Per Patient | Average Days Per Patient |
|---|---|---|---|---|---|---|---|
| New Hampshire | 1,606 | $8,486,084 | 74,571 | 510 | 177 | $5,284 | 46 |
| New Jersey | 12,963 | 66,478,685 | 554,069 | 620 | 2,940 | 5,128 | 43 |
| New Mexico | 3,794 | 23,746,422 | 232,394 | 817 | 969 | 6,259 | 61 |
| New York | 22,674 | 132,211,349 | 975,070 | 25,006 | 8,800 | 5,831 | 43 |
| North Carolina | 13,336 | 78,346,127 | 719,047 | 7,364 | 24,619 | 5,875 | 54 |
| North Dakota | 1,182 | 4,840,790 | 48,946 | 8,235 | 259 | 4,095 | 41 |
| Ohio | 27,630 | 133,481,539 | 1,163,499 | 52,779 | 14,094 | 4,831 | 42 |
| Oklahoma | 10,646 | 71,535,319 | 773,478 | 25,413 | 1,470 | 6,719 | 73 |
| Oregon | 9,118 | 43,328,788 | 394,565 | 7,349 | 498 | 4,752 | 43 |
| Pennsylvania | 27,301 | 133,612,699 | 1,151,725 | 38,047 | 11,598 | 4,894 | 42 |
| Puerto Rico | 4,481 | 21,567,311 | 303,330 | 1,099 | 14,852 | 4,813 | 68 |
| Rhode Island | 1,775 | 8,029,693 | 61,463 | 32 | 1,144 | 4,524 | 35 |
| South Carolina | 6,278 | 33,276,089 | 327,954 | 1,593 | 20,944 | 5,300 | 52 |
| South Dakota | 910 | 4,141,767 | 44,381 | 37 | 176 | 4,551 | 49 |
| Tennessee | 7,892 | 39,231,871 | 377,626 | 9,865 | 4,552 | 4,971 | 48 |
| Texas | 39,545 | 229,108,099 | 2,121,357 | 306,108 | 28,526 | 5,794 | 54 |
| Utah | 2,871 | 15,938,530 | 145,532 | 885 | 528 | 5,552 | 51 |
| Vermont | 753 | 3,240,389 | 31,073 | 936 | 9 | 4,303 | 41 |
| Virginia | 9,444 | 51,004,615 | 464,466 | 951 | 4,116 | 5,401 | 49 |
| Washington | 9,855 | 50,698,593 | 427,565 | 7,006 | 1,774 | 5,144 | 43 |
| West Virginia | 3,086 | 15,941,911 | 160,517 | 16,878 | 664 | 5,166 | 52 |
| Wisconsin | 8,857 | 43,640,675 | 419,338 | 6,840 | 3,039 | 4,927 | 47 |
| Wyoming | 456 | 2,353,171 | 23,651 | 52 | 5 | 5,160 | 52 |

NOTES: Provider based data are derived from bills for services performed in 2000 and recorded in CMS central records as of June 2001. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data have been screened for privacy.

SOURCES: CMS/OIS/HCIS

September 2002

## Medicare Inpatient Hospitals by State
## 2001

| | Short-Stay Hospitals | Beds per 1,000 Enrollees | Long-Stay Hospitals[1] | Beds per 1,000 Enrollees | | Short-Stay Hospitals | Beds per 1,000 Enrollees | Long-Stay Hospitals[1] | Beds per 1,000 Enrollees |
|---|---|---|---|---|---|---|---|---|---|
| All Areas | 4,429 | 21.3 | 1,573 | 3.1 | Missouri | 101 | 26.2 | 36 | 2.7 |
| United States | 4,371 | 21.5 | 1,567 | 3.2 | Montana | 37 | 18.0 | 24 | 3.1 |
| | | | | | Nebraska | 31 | 18.2 | 64 | 9.3 |
| Alabama | 106 | 27.4 | 18 | 2.1 | Nevada | 24 | 16.2 | 18 | 3.2 |
| Alaska | 18 | 30.0 | 6 | 5.5 | New Hampshire | 26 | 16.4 | 4 | 3.3 |
| Arizona | 66 | 15.8 | 17 | 1.7 | New Jersey | 81 | 23.3 | 26 | 3.2 |
| Arkansas | 68 | 20.0 | 36 | 4.8 | New Mexico | 37 | 18.5 | 14 | 2.6 |
| California | 382 | 20.1 | 70 | 1.5 | New York | 210 | 25.8 | 51 | 5.5 |
| Colorado | 53 | 19.8 | 28 | 4.1 | North Carolina | 111 | 20.0 | 23 | 2.9 |
| Connecticut | 32 | 16.9 | 14 | 3.9 | North Dakota | 22 | 24.9 | 29 | 8.2 |
| Delaware | 5 | 16.2 | 6 | 3.7 | Ohio | 155 | 25.4 | 48 | 2.7 |
| Dist. of Columbia | 8 | 50.3 | 6 | 15.9 | Oklahoma | 103 | 25.3 | 40 | 3.2 |
| Florida | 175 | 17.1 | 55 | 1.3 | Oregon | 52 | 15.1 | 10 | 0.9 |
| Georgia | 131 | 24.1 | 48 | 3.7 | Pennsylvania | 189 | 17.0 | 64 | 4.0 |
| Hawaii | 18 | 13.4 | 9 | 2.7 | Rhode Island | 11 | 17.4 | 4 | 5.9 |
| Idaho | 23 | 13.7 | 24 | 3.0 | South Carolina | 59 | 19.5 | 15 | 2.1 |
| Illinois | 174 | 28.0 | 43 | 2.1 | South Dakota | 40 | 23.7 | 25 | 4.8 |
| Indiana | 102 | 21.5 | 47 | 2.8 | Tennessee | 115 | 27.0 | 33 | 2.6 |
| Iowa | 84 | 23.0 | 36 | 2.4 | Texas | 347 | 21.5 | 136 | 3.6 |
| Kansas | 95 | 25.3 | 54 | 4.4 | Utah | 42 | 21.3 | 6 | 3.9 |
| Kentucky | 85 | 24.5 | 30 | 3.5 | Vermont | 14 | 19.9 | 2 | 2.8 |
| Louisiana | 113 | 30.4 | 74 | 7.1 | Virginia | 90 | 21.6 | 28 | 3.2 |
| Maine | 31 | 16.4 | 10 | 2.6 | Washington | 78 | 16.3 | 20 | 2.4 |
| Maryland | 48 | 20.3 | 19 | 5.2 | West Virginia | 44 | 25.1 | 21 | 2.9 |
| Massachusetts | 75 | 14.3 | 43 | 6.8 | Wisconsin | 102 | 22.2 | 37 | 3.1 |
| Michigan | 132 | 19.5 | 40 | 2.5 | Wyoming | 24 | 21.9 | 4 | 1.3 |
| Minnesota | 115 | 22.1 | 33 | 3.8 | | | | | |
| Mississippi | 96 | 29.3 | 10 | 1.2 | Puerto Rico | 53 | 17.1 | 6 | 2.1 |
| | | | | | Other Outlying Areas | 5 | 0.8 | 0 | 0.0 |

[1] Excludes Religious Non-Medical, Critical Access, and Alcohol/Drug.

NOTES: Facility data as of December 2001. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 2001.

SOURCE: CMS/ORDI

September 2002

## Medicare Skilled Nursing Facilities and Certified Beds by State
## 2001

| | Facilities | Beds | | Facilities | Beds |
|---|---|---|---|---|---|
| All Areas | 14,755 | 1,104,978 | | | |
| United States | 14,746 | 1,104,595 | Missouri | 454 | 19,745 |
| | | | Montana | 101 | 6,855 |
| Alabama | 223 | 17,872 | Nebraska | 170 | 11,304 |
| Alaska | 15 | 502 | Nevada | 44 | 4,789 |
| Arizona | 139 | 7,917 | New Hampshire | 67 | 5,142 |
| Arkansas | 191 | 10,827 | | | |
| California | 1,244 | 79,135 | New Jersey | 363 | 37,682 |
| | | | New Mexico | 70 | 2,652 |
| Colorado | 200 | 13,711 | New York | 665 | 120,287 |
| Connecticut | 245 | 28,067 | North Carolina | 408 | 32,097 |
| Delaware | 37 | 3,099 | North Dakota | 87 | 6,702 |
| District of Columbia | 20 | 1,986 | | | |
| Florida | 718 | 55,235 | Ohio | 900 | 61,361 |
| | | | Oklahoma | 234 | 14,012 |
| Georgia | 327 | 27,045 | Oregon | 121 | 6,406 |
| Hawaii | 41 | 3,443 | Pennsylvania | 749 | 61,643 |
| Idaho | 81 | 6,012 | Rhode Island | 97 | 7,681 |
| Illinois | 657 | 24,694 | | | |
| Indiana | 496 | 31,139 | South Carolina | 178 | 12,921 |
| | | | South Dakota | 88 | 6,138 |
| Iowa | 310 | 19,429 | Tennessee | 276 | 13,076 |
| Kansas | 256 | 14,219 | Texas | 991 | 61,984 |
| Kentucky | 304 | 19,880 | Utah | 81 | 5,494 |
| Louisiana | 250 | 20,646 | | | |
| Maine | 125 | 7,922 | Vermont | 43 | 3,132 |
| | | | Virginia | 236 | 14,097 |
| Maryland | 238 | 16,980 | Washington | 257 | 14,633 |
| Massachusetts | 488 | 42,012 | West Virginia | 114 | 6,622 |
| Michigan | 389 | 30,064 | Wisconsin | 371 | 34,732 |
| Minnesota | 406 | 37,283 | Wyoming | 33 | 2,713 |
| Mississippi | 148 | 11,576 | | | |
| | | | U.S. Territories and Possessions | 9 | 383 |

NOTE: Data as of December.

SOURCE: CMS/ORDI

September 2002

## Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State 2001

| | Nursing Facilities Title 19 Only | Institutions for Mentally Retarded | | Nursing Facilities Title 19 Only | Institutions for Mentally Retarded |
|---|---|---|---|---|---|
| United States | 1,951 | 6,752 | Missouri | 89 | 18 |
| | | | Montana | 2 | 2 |
| Alabama | 5 | 7 | Nebraska | 62 | 4 |
| Alaska | 0 | 0 | Nevada | 2 | 20 |
| Arizona | 1 | 13 | New Hampshire | 16 | 1 |
| Arkansas | 60 | 40 | | | |
| California | 94 | 1,067 | New Jersey | 1 | 9 |
| | | | New Mexico | 10 | 43 |
| Colorado | 23 | 3 | New York | 3 | 748 |
| Connecticut | 9 | 121 | North Carolina | 4 | 331 |
| Delaware | 5 | 2 | North Dakota | 0 | 66 |
| District of Columbia | 1 | 131 | | | |
| Florida | 7 | 106 | Ohio | 100 | 464 |
| | | | Oklahoma | 152 | 56 |
| Georgia | 34 | 13 | Oregon | 24 | 1 |
| Hawaii | 4 | 22 | Pennsylvania | 22 | 235 |
| Idaho | 3 | 66 | Rhode Island | 0 | 20 |
| Illinois | 201 | 315 | | | |
| Indiana | 64 | 573 | South Carolina | 0 | 141 |
| | | | South Dakota | 24 | 2 |
| Iowa | 155 | 128 | Tennessee | 73 | 83 |
| Kansas | 125 | 41 | Texas | 185 | 906 |
| Kentucky | 0 | 11 | Utah | 11 | 14 |
| Louisiana | 80 | 473 | | | |
| Maine | 0 | 28 | Vermont | 1 | 2 |
| | | | Virginia | 52 | 19 |
| Maryland | 13 | 5 | Washington | 12 | 16 |
| Massachusetts | 19 | 7 | West Virginia | 27 | 62 |
| Michigan | 48 | 2 | Wisconsin | 48 | 40 |
| Minnesota | 21 | 260 | Wyoming | 6 | 2 |
| Mississippi | 55 | 13 | | | |

NOTE: Data as of December.

SOURCE: CMS/ORDI

September 2002

## Community Hospitals by State
## 2000 Annual Survey

| | Hospitals | Beds | Beds per 1,000 Resident Population | | Hospitals | Beds | Beds per 1,000 Resident Population |
|---|---|---|---|---|---|---|---|
| United States | 4,915 | 823,560 | 2.9 | Missouri | 119 | 20,140 | 3.6 |
| | | | | Montana | 52 | 4,255 | 4.7 |
| Alabama | 108 | 16,370 | 3.7 | Nebraska | 85 | 8,161 | 4.8 |
| Alaska | 18 | 1,417 | 2.3 | Nevada | 22 | 3,810 | 1.9 |
| Arizona | 61 | 10,864 | 2.1 | New Hampshire | 28 | 2,865 | 2.3 |
| Arkansas | 83 | 9,784 | 3.7 | | | | |
| California | 389 | 72,707 | 2.1 | New Jersey | 80 | 25,307 | 3.0 |
| | | | | New Mexico | 35 | 3,481 | 1.9 |
| Colorado | 69 | 9,391 | 2.2 | New York | 215 | 66,434 | 3.5 |
| Connecticut | 35 | 7,719 | 2.3 | North Carolina | 113 | 23,081 | 2.9 |
| Delaware | 5 | 1,839 | 2.3 | North Dakota | 42 | 3,865 | 6.0 |
| District of Columbia | 11 | 3,339 | 5.8 | | | | |
| Florida | 202 | 51,170 | 3.2 | Ohio | 163 | 33,849 | 3.0 |
| | | | | Oklahoma | 108 | 11,112 | 3.2 |
| Georgia | 151 | 23,875 | 2.9 | Oregon | 59 | 6,631 | 1.9 |
| Hawaii | 21 | 3,057 | 2.5 | Pennsylvania | 207 | 42,303 | 3.4 |
| Idaho | 42 | 3,485 | 2.7 | Rhode Island | 11 | 2,400 | 2.3 |
| Illinois | 196 | 37,310 | 3.0 | | | | |
| Indiana | 109 | 19,160 | 3.2 | South Carolina | 63 | 11,520 | 2.9 |
| | | | | South Dakota | 48 | 4,339 | 5.7 |
| Iowa | 115 | 11,811 | 4.0 | Tennessee | 121 | 20,561 | 3.6 |
| Kansas | 129 | 10,821 | 4.0 | Texas | 403 | 55,877 | 2.7 |
| Kentucky | 105 | 14,827 | 3.7 | Utah | 42 | 4,330 | 1.9 |
| Louisiana | 123 | 17,544 | 3.9 | | | | |
| Maine | 37 | 3,700 | 2.9 | Vermont | 14 | 1,674 | 0.3 |
| | | | | Virginia | 88 | 16,869 | 2.4 |
| Maryland | 49 | 11,192 | 2.1 | Washington | 84 | 11,136 | 1.9 |
| Massachusetts | 80 | 16,586 | 2.6 | West Virginia | 57 | 7,966 | 4.4 |
| Michigan | 146 | 26,074 | 2.6 | Wisconsin | 118 | 15,329 | 2.9 |
| Minnesota | 135 | 16,705 | 3.4 | Wyoming | 24 | 1,920 | 3.9 |
| Mississippi | 95 | 13,598 | 4.8 | | | | |

NOTE: Includes total hospital and nursing unit beds.

SOURCE: American Hospital Associations' 2002 Hospital Statistics.

September 2002

## Medicare Part B Participating Physicians and Other Practitioners by State
### Selected Years

| | January 1998 | January 1999 | January 2000 | January 2001 | January 2002 |
|---|---|---|---|---|---|
| Alabama | 94.0 | 94.5 | 95.5 | 96.0 | 96.1 |
| Alaska | 79.6 | 81.4 | 82.9 | 83.7 | 86.1 |
| Arizona | 89.2 | 89.7 | 90.3 | 88.5 | 90.6 |
| Arkansas | 80.4 | 83.1 | 94.6 | 95.1 | 95.5 |
| California | 81.9 | 81.0 | 85.5 | 78.5 | 78.6 |
| Colorado | 83.1 | 84.6 | 87.4 | 88.4 | 89.5 |
| Connecticut | 87.8 | 88.7 | 89.3 | 89.9 | 90.5 |
| Delaware | 83.1 | 84.1 | 85.2 | 86.9 | 92.0 |
| District of Columbia | 79.5 | 81.0 | 84.1 | 85.2 | 90.8 |
| Florida | 76.2 | 77.6 | 90.1 | 92.1 | 92.9 |
| Georgia | 88.6 | 83.3 | 89.4 | 89.5 | 90.8 |
| Hawaii | 84.6 | 85.6 | 90.3 | 91.0 | 94.3 |
| Idaho | 72.2 | 75.6 | 77.6 | 79.4 | 80.8 |
| Illinois | 85.4 | 84.2 | 90.9 | 92.4 | 92.6 |
| Indiana | 77.9 | 79.0 | 83.2 | 85.1 | 85.5 |
| Iowa | 90.0 | 91.1 | 93.2 | 94.0 | 94.2 |
| Kansas | 93.3 | 94.7 | 94.2 | 94.4 | 94.6 |
| Kentucky | 89.7 | 92.3 | 93.8 | 93.3 | 93.7 |
| Louisiana | 67.6 | 73.5 | 91.7 | 92.1 | 92.3 |
| Maine | 92.4 | 93.8 | 94.3 | 93.6 | 93.7 |
| Maryland | 90.6 | 91.7 | 93.4 | 94.2 | 94.1 |
| Massachusetts | 93.7 | 94.0 | 94.9 | 91.7 | 92.1 |
| Michigan | 88.2 | 87.7 | 95.3 | 96.6 | 96.9 |
| Minnesota | 77.9 | 78.1 | 79.3 | 79.9 | 80.4 |
| Mississippi | 81.4 | 82.6 | 83.5 | 84.6 | 85.6 |
| Missouri | 89.3 | 89.2 | 87.9 | 90.0 | 95.6 |
| Montana | 82.7 | 84.7 | 86.6 | 88.6 | 89.9 |
| Nebraska | 89.7 | 92.4 | 92.7 | 93.2 | 93.8 |
| Nevada | 92.6 | 93.3 | 94.1 | 91.2 | 96.2 |
| New Hampshire | 91.9 | 92.2 | 93.1 | 90.8 | 91.1 |
| New Jersey | 66.0 | 80.1 | 82.8 | 84.5 | 87.4 |
| New Mexico | 87.8 | 89.3 | 89.9 | 91.1 | 92.6 |
| New York | 72.8 | 75.3 | 80.3 | 81.0 | 81.2 |
| North Carolina | 86.0 | 88.3 | 89.6 | 90.0 | 91.1 |
| North Dakota | 93.5 | 94.3 | 95.5 | 96.3 | 97.2 |
| Ohio | 93.2 | 93.2 | 93.9 | 94.2 | 95.5 |
| Oklahoma | 88.4 | 89.9 | 91.7 | 92.5 | 93.9 |
| Oregon | 89.3 | 89.8 | 90.7 | 91.2 | 92.8 |
| Pennsylvania | 73.6 | 83.5 | 85.5 | 94.3 | 95.8 |
| Rhode Island | 70.1 | 71.7 | 72.5 | 74.1 | 75.6 |
| South Carolina | 87.1 | 90.0 | 91.4 | 91.5 | 92.1 |
| South Dakota | 83.5 | 85.7 | 86.7 | 87.7 | 89.3 |
| Tennessee | 88.7 | 90.9 | 91.2 | 91.3 | 92.2 |
| Texas | 84.2 | 83.3 | 85.4 | 86.5 | 88.0 |
| Utah | 92.2 | 94.1 | 94.6 | 95.1 | 96.2 |
| Vermont | 91.1 | 91.8 | 92.9 | 94.8 | 94.9 |
| Virginia | 88.6 | 87.2 | 87.3 | 87.6 | 88.6 |
| Washington | 91.2 | 91.7 | 92.9 | 93.8 | 96.2 |
| West Virginia | 90.1 | 92.1 | 93.5 | 94.2 | 94.8 |
| Wisconsin | 89.0 | 89.4 | 90.9 | 92.7 | 94.5 |
| Wyoming | 84.9 | 86.4 | 87.1 | 87.3 | 87.7 |

NOTE: Other practitioners includes limited license practitioners and non-physician practitioners.

SOURCE: CMS/OFM September 2002

## Physician Assignment Rates as a Percent of Allowed Charges by State
## Fiscal Year 2001

| CMS Region/State | Assignment Rate | CMS Region/State | Assignment Rate |
|---|---|---|---|
| National | 99.2 | | |
| Alabama | 99.8 | Montana | 98.7 |
| Alaska | 99.0 | Nebraska | 97.3 |
| Arizona | 95.4 | Nevada | 99.8 |
| Arkansas | 99.7 | New Hampshire | 99.4 |
| California | 99.3 | New Jersey | 98.3 |
| Colorado | 98.3 | New Mexico | 98.9 |
| Connecticut | 98.7 | New York | 98.7 |
| Delaware | 99.4 | North Carolina | 99.2 |
| District of Columbia | 98.8 | North Dakota | 99.4 |
| Florida | 99.5 | Ohio | 99.9 |
| Georgia | 99.4 | Oklahoma | 99.3 |
| Hawaii | 99.4 | Oregon | 98.5 |
| Idaho | 92.6 | Pennsylvania | 99.8 |
| Illinois | 99.0 | Rhode Island | 100.0 |
| Indiana | 99.4 | South Carolina | 99.5 |
| Iowa | 99.3 | South Dakota | 93.5 |
| Kansas | 99.6 | Tennessee | 99.6 |
| Kentucky | 99.5 | Texas | 99.3 |
| Louisiana | 99.6 | Utah | 99.6 |
| Maine | 99.8 | Vermont | 99.6 |
| Maryland | 99.3 | Virginia | 99.7 |
| Massachusetts | 99.9 | Washington | 99.6 |
| Michigan | 99.7 | West Virginia | 99.7 |
| Minnesota | 96.0 | Wisconsin | 99.5 |
| Mississippi | 99.5 | Wyoming | 94.3 |
| Missouri | 99.4 | | |

SOURCE: CMS/OFM

September 2002

## Medicare Physicians by State [1]
## 2002

| State | Number | Percent of Total | State | Number | Percent of Total |
|---|---|---|---|---|---|
| Total | 888,061 [2] | 100.0 | Mississippi | 5,787 | 0.7 |
| | | | Montana | 3,080 | 0.3 |
| Alabama | 10,021 | 1.1 | North Carolina | 23,932 | 2.7 |
| Alaska | 1,816 | 0.2 | North Dakota | 2,732 | 0.3 |
| Arizona | 13,860 | 1.6 | Nebraska | 5,431 | 0.6 |
| Arkansas | 8,331 | 0.9 | | | |
| California | 93,909 | 10.6 | New Hampshire | 5,433 | 0.6 |
| | | | New Jersey | 30,251 | 3.4 |
| | | | New Mexico | 4,757 | 0.5 |
| Colorado | 13,969 | 1.6 | Nevada | 4,650 | 0.5 |
| Connecticut | 12,749 | 1.4 | New York | 71,535 | 8.1 |
| Delaware | 2,496 | 0.3 | | | |
| District Columbia | 4,402 | 0.5 | Ohio | 35,040 | 3.9 |
| Florida | 46,697 | 5.3 | Oklahoma | 8,258 | 0.9 |
| | | | Oregon | 11,398 | 1.3 |
| Georgia | 22,157 | 2.5 | Pennsylvania | 46,953 | 5.3 |
| Hawaii [3] | 4,192 | 0.5 | Puerto Rico [4] | 6,214 | 0.7 |
| Iowa | 10,230 | 1.2 | | | |
| Idaho | 3,385 | 0.4 | Rhode Island | 3,632 | 0.4 |
| Illinois | 33,797 | 3.8 | South Carolina | 11,106 | 1.3 |
| | | | South Dakota | 2,559 | 0.3 |
| Indiana | 17,237 | 1.9 | Tennessee | 18,322 | 2.1 |
| Kansas | 8,526 | 1.0 | Texas | 50,291 | 5.7 |
| Kentucky | 11,530 | 1.3 | | | |
| Lousiana | 15,238 | 1.7 | Utah | 6,041 | 0.7 |
| Massachusetts | 35,160 | 4.0 | Virginia | 18,211 | 2.1 |
| | | | Vermont | 2,830 | 0.3 |
| Maryland | 20,486 | 2.3 | Washington | 21,306 | 2.4 |
| Maine | 5,904 | 0.7 | Wisconsin | 17,944 | 2.0 |
| Michigan | 30,658 | 3.5 | | | |
| Minnesota | 17,433 | 2.0 | West Virginia | 5,534 | 0.6 |
| Missouri | 18,907 | 2.1 | Wyoming | 1,554 | 0.2 |

[1] Medicare physicians are MD, DO, DDM, DDS, DPM, OD, and CH. [2] Total includes unknown. [3] Guam included in Hawaii.
[4] Virgin Islands included in Puerto Rico.

NOTES: Percent total does not necessarily equal sum of rounded components. Data as of April 2002.

SOURCES: CMS/ORDI/CBC (Medicare Physician Registry)

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## VIII. FINANCING

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

### *HIGHLIGHTS*

- *The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.*
- *The Medicare Part A inpatient hospital deductible increased from $40 in 1966 to $812 in 2002.*
- *The Medicare Coinsurance has remained at 20 percent since the beginning of the program. The annual Part B Deductible increased from $50 beginning July 1966 to $100 beginning January 1991.*
- *The Medicare Part B premiums increased from $3 per month in 1966 to $54.00 per month in 2002.*

## Financing of Medicare Programs

| Source of Income | |
|---|---|
| **HI Trust Fund** | |
| 1. Payroll taxes * | |
| 2. Transfers from railroad retirement account | |
| 3. General revenue for | |
| a. uninsured persons | |
| b. military wage credits | |
| 4. Premiums from voluntary enrollees | |
| 5. Interest on investments | |
| * Contribution rate | |
| Employees and employers, each | 1.45% |
| Self-employed | 2.90% |
| Maximum taxable amount (CY 2002) | none [1] |
| **Voluntary HI Premium** [2] | |
| Monthly Premium (2002): | $319 |
| **SMI Trust Fund** | |
| 1. Premiums paid by or on behalf of enrollees | |
| 2. General revenue | |
| 3. Interest on investments | |
| **Part B Premium** | |
| Monthly Basic Premium (2002): | $54.00 |

[1] The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

[2] Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement. A reduced premium of $175 is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act.

SOURCE: CMS/OACT September 2002

## Financing of Medicaid Programs
## Fiscal Year 2002

| Federal Contributions | Percent |
|---|---|
| 1. Medical Vendor Payments[1] | 50-83 |
| 2. Family Planning Services | 90 |
| 3. Administrative Costs | 50 |
| 4. Development of Management Information Systems [2] | 90 |
| 5. Operation of Management Information Systems | 75 |
| 6. Skilled Nursing Facility, Inspectors | 75 |
| 7. Intermediate Care Facility for the Mentally Retarded, Inspectors | |
| a. Salaries, Fringe Benefits, Travel & Training | 75 |
| b. All Other Costs | 50 |
| 8. Skilled Professional Medical Personnel | 75 |
| 9. State Medicaid Fraud and Abuse Units | 75 |
| 10. PRO Performance Review | 75 |
| 11. Systematic Alien Verification for Entitlements System | 100 |
| 12. Preadmission Screening and Annual Resident Review | 75 |
| 13. Indian Health Services | 100 |
| 14. TANF Allocation Enhanced Administrative Match [3] | 75-90 |

[1] Range reflects floor to ceiling percentages available under statute in any fiscal year. The ceiling for Medicaid State Children's Health Insurance Program payments under sections 1905(u)(2) and 1905(u)(3) is 85 percent.

[2] After approval of an application for 90% rate by CMS.

[3] Special transitional enhanced match for certain administrative expenditures attributable to the costs of Medicaid eligibility determinations with the advent of the Temporary Assistance to Needy Families (TANF) program (section 1931).

SOURCE: CMS/CMSO September 2002

## Medicare Cost Sharing and Premium Amounts for Hospital Insurance [1]

| | | Inpatient Hospital | | | SNF [3] | |
|---|---|---|---|---|---|---|
| | | Deductible (IHD) | Daily Coinsurance | | Daily | |
| | | Covers first 60 days | 61st through 90th days (1/4 x IHD) | LTR [2] after 90 days (1/2 x IHD) | Coinsurance after 20 days (1/8 x IHD) | Hospital Insurance Monthly Premium [4] |
| | | Beginning in January unless noted | | | | |
| July | 1966 | $40 | $10 | ([5]) | ([5]) | -- |
| | 1970 | 52 | 13 | 26 | 6.50 | -- |
| | 1980 | 180 | 45 | 90 | 22.50 | 78 [6 7] |
| | 1985 | 400 | 100 | 200 | 50.00 | 174 [8] |
| | 1990 | 592 | 148 | 296 | 74.00 | 175 [9] |
| | 1995 | 716 | 179 | 358 | 89.50 | 261 [10] |
| | 1996 | 736 | 184 | 368 | 92.00 | 289 [10] |
| | 1997 | 760 | 190 | 380 | 95.00 | 311 [10] |
| | 1998 | 764 | 191 | 382 | 95.50 | 309 [10] |
| | 1999 | 768 | 192 | 384 | 96.00 | 309 [10] |
| | 2000 | 776 | 194 | 388 | 97.00 | 301 [10] |
| | 2001 | 792 | 198 | 396 | 99.00 | 300 [10] |
| | 2002 | 812 | 203 | 406 | 101.50 | 319 [10] |

[1] Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below.
[2] LTR is lifetime reserve.
[3] SNF is skilled nursing facility.
[4] Premium paid for voluntary participation of individuals aged 65 or older not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.
[5] Benefit not provided.
[6] Beginning in July for years 1973 through 1982. 1983 is for the period July 1, 1982 through December 31, 1983.
[7] Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.
[8] Beginning in January for 1984 and succeeding years.
[9] Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for 1989 and succeeding years.
[10] For 1994 and later, a reduced premium is available to individuals aged 65 or older who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 2002, the reduced premium is $175.

SOURCE: CMS/OACT September 2002

## Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance

| | Annual Deductible | Coinsurance | Monthly Premiums For Enrollee (aged and disabled)[1] | Government Amounts Aged | Government Amounts Disabled |
|---|---|---|---|---|---|
| | Beginning July unless otherwise noted | | | | |
| 1966 | $50 | 20% | $3.00 | $3.00 | -- |
| 1970 | 50 [2] [3] | 20% [3] | 4.00 | 4.00 | -- |
| 1975 | 60 [4] | 20% [5] | 6.70 | 6.70 | 29.30 |
| 1980 | 60 | 20% | 8.70 | 18.10 | 41.30 |
| 1985 | 75 [6] [7] [8] | 20% [6] | 15.50 [9] | 46.50 [9] | 89.90 [9] |
| 1990 | 75 | 20% | 28.60 | 85.80 | 59.60 |
| 1995 | 100 [10] | 20% | 46.10 | 100.10 | 165.50 |
| 1996 | 100 | 20% | 42.50 | 127.30 | 167.70 |
| 1997 | 100 | 20% | 43.80 | 131.40 | 177.00 |
| 1998 | 100 | 20% | 43.80 | 132.00 | 150.40 |
| 1999 | 100 | 20% | 45.50 | 139.10 | 160.50 |
| 2000 | 100 | 20% | 45.50 | 138.30 | 196.70 |
| 2001 | 100 | 20% | 50.00 | 152.00 | 214.40 |
| 2002 | 100 | 20% | 54.00 | 164.60 | 192.20 |

[1] Beginning July 1973 for the disabled.

[2] Beginning in January for 1967 and succeeding years.

[3] Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance for the period April 1968 - December 1980.

[4] Deductible was $60 for the years 1973 - 1981.

[5] Home health services are not subject to coinsurance, beginning July 1972.

[6] Home health services are not subject to deductible, beginning 1981.

[7] Professional inpatient services of pathologists and radiologists not subject to deductible and coinsurance only when physician accepts assignment for the period January 1981 - September 1982 and are subject to deductible and coinsurance for October 1982 and later.

[8] Deductible was $75 for the years 1982 - 1990.

[9] Beginning in January for 1984 and succeeding years.

[10] Deductible is $100 for the years 1991 and later.

SOURCE: CMS/OACT

September 2002

## Medicare Annual Maximum Taxable Earnings and HI Contribution Rates
## Calendar Years 1966 - 2002

| Calendar Year | Annual Maximum Taxable Earnings | Contribution Rate [1] | |
|---|---|---|---|
| | | Employees and employers, each | Self-employed |
| 1966 | $6,600 | 0.35 | 0.35 |
| 1967 | 6,600 | 0.50 | 0.50 |
| 1968 | 7,800 | 0.60 | 0.60 |
| 1969 | 7,800 | 0.60 | 0.60 |
| 1970 | 7,800 | 0.60 | 0.60 |
| 1971 | 7,800 | 0.60 | 0.60 |
| 1972 | 9,000 | 0.60 | 0.60 |
| 1973 | 10,800 | 1.00 | 1.00 |
| 1974 | 13,200 | 0.90 | 0.90 |
| 1975 | 14,100 | 0.90 | 0.90 |
| 1976 | 15,300 | 0.90 | 0.90 |
| 1977 | 16,500 | 0.90 | 0.90 |
| 1978 | 17,700 | 1.00 | 1.00 |
| 1979 | 22,900 | 1.05 | 1.05 |
| 1980 | 25,900 | 1.05 | 1.05 |
| 1981 | 29,700 | 1.30 | 1.30 |
| 1982 | 32,400 | 1.30 | 1.30 |
| 1983 | 35,700 | 1.30 | 1.30 |
| 1984 | 37,800 | 1.30 | 2.60 |
| 1985 | 39,600 | 1.35 | 2.70 |
| 1986 | 42,000 | 1.45 | 2.90 |
| 1987 | 43,800 | 1.45 | 2.90 |
| 1988 | 45,000 | 1.45 | 2.90 |
| 1989 | 48,000 | 1.45 | 2.90 |
| 1990 | 51,300 | 1.45 | 2.90 |
| 1991 | 125,000 | 1.45 | 2.90 |
| 1992 | 130,200 | 1.45 | 2.90 |
| 1993 | 135,000 | 1.45 | 2.90 |
| 1994 and later | none [2] | 1.45 | 2.90 |

[1] Percent of taxable earnings.

[2] The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

SOURCE: CMS/OACT September 2002

# Title XIX
## Federal Medical Assistance Percentages
## Fiscal Years 2000 - 2003

| | 2000 | 2001 | 2002 | 2003 | | 2000 | 2001 | 2002 | 2003 |
|---|---|---|---|---|---|---|---|---|---|
| Alabama | 69.57 | 69.99 | 70.45 | 70.60 | Missouri | 60.51 | 61.03 | 61.06 | 61.23 |
| Alaska* | 59.80 | 60.13 | 57.38 | 58.27 | Montana | 72.30 | 73.04 | 72.83 | 72.96 |
| Arizona | 65.92 | 65.77 | 64.98 | 67.25 | Nebraska | 60.88 | 60.38 | 59.55 | 59.52 |
| Arkansas | 72.85 | 73.02 | 72.64 | 74.28 | Nevada | 50.00 | 50.36 | 50.00 | 52.39 |
| California | 51.67 | 51.25 | 51.40 | 50.00 | New Hampshire | 50.00 | 50.00 | 50.00 | 50.00 |
| Colorado | 50.00 | 50.00 | 50.00 | 50.00 | New Jersey | 50.00 | 50.00 | 50.00 | 50.00 |
| Connecticut | 50.00 | 50.00 | 50.00 | 50.00 | New Mexico | 73.32 | 73.80 | 73.04 | 74.56 |
| Delaware | 50.00 | 50.00 | 50.00 | 50.00 | New York | 50.00 | 50.00 | 50.00 | 50.00 |
| District of Columbia* | 70.00 | 70.00 | 70.00 | 70.00 | North Carolina | 62.49 | 62.47 | 61.46 | 62.56 |
| Florida | 56.52 | 56.62 | 56.43 | 58.83 | North Dakota | 70.42 | 69.99 | 69.87 | 68.36 |
| Georgia | 59.88 | 59.67 | 59.00 | 59.60 | Ohio | 58.67 | 59.03 | 58.78 | 58.83 |
| Hawaii | 51.01 | 53.85 | 56.34 | 58.77 | Oklahoma | 71.09 | 71.24 | 70.43 | 70.56 |
| Idaho | 70.15 | 70.76 | 71.02 | 70.96 | Oregon | 59.96 | 60.00 | 59.20 | 60.16 |
| Illinois | 50.00 | 50.00 | 50.00 | 50.00 | Pennsylvania | 53.82 | 53.62 | 54.65 | 54.69 |
| Indiana | 61.74 | 62.04 | 62.04 | 61.97 | Rhode Island | 53.77 | 53.79 | 52.45 | 55.40 |
| Iowa | 63.06 | 62.67 | 62.86 | 63.50 | South Carolina | 69.95 | 70.44 | 69.34 | 69.81 |
| Kansas | 60.03 | 59.85 | 60.20 | 60.15 | South Dakota | 68.72 | 68.31 | 65.93 | 65.29 |
| Kentucky | 70.55 | 70.39 | 69.94 | 69.89 | Tennessee | 63.10 | 63.79 | 63.64 | 64.59 |
| Louisiana | 70.32 | 70.53 | 70.30 | 71.28 | Texas | 61.36 | 60.57 | 60.17 | 59.99 |
| Maine | 66.22 | 66.12 | 66.58 | 66.22 | Utah | 71.55 | 71.44 | 70.00 | 71.24 |
| Maryland | 50.00 | 50.00 | 50.00 | 50.00 | Vermont | 62.24 | 62.40 | 63.06 | 62.41 |
| Massachusetts | 50.00 | 50.00 | 50.00 | 50.00 | Virginia | 51.67 | 51.85 | 51.45 | 50.53 |
| Michigan | 55.11 | 56.18 | 56.36 | 55.42 | Washington | 51.83 | 50.70 | 50.37 | 50.00 |
| Minnesota | 51.48 | 51.11 | 50.00 | 50.00 | West Virginia | 74.78 | 75.34 | 75.27 | 75.04 |
| Mississippi | 76.80 | 76.82 | 76.09 | 76.62 | Wisconsin | 58.78 | 59.29 | 58.57 | 58.43 |
| | | | | | Wyoming | 64.04 | 64.60 | 61.97 | 61.32 |
| | | | | | Territories [1] | 50.00 | 50.00 | 50.00 | 50.00 |

[1] Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico and Virgin Islands. Subject to Federal share limit.

* Per Section 4725 of the Balanced Budget Act of 1997 (P.L. 105-33). Alaska FY 2001 and FY 2002 per Section 706 of Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (P.L. 106-554).

SOURCE: CMS/CMSO

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## Geographical Jurisdictions of CMS Regional Office
## Federal Medical Assistance Percentages
## and Enhanced Federal Medical Assistance Percentages
## Fiscal Year 2003

| | Region | FMAP | EFMAP[1] | | Region | FMAP | EFMAP[1] |
|---|---|---|---|---|---|---|---|
| **I.** | **Boston** | | | **II.** | **New York** | | |
| | Connecticut | 50.00 | 65.00 | | New Jersey | 50.00 | 65.00 |
| | Maine | 66.22 | 76.35 | | New York | 50.00 | 65.00 |
| | Massachusetts | 50.00 | 65.00 | | Puerto Rico | 50.00 | 65.00 |
| | New Hampshire | 50.00 | 65.00 | | Virgin Islands | 50.00 | 65.00 |
| | Rhode Island | 55.40 | 68.78 | | | | |
| | Vermont | 62.41 | 73.69 | | | | |
| | | | | **IV.** | **Atlanta** | | |
| **III.** | **Philadelphia** | | | | Alabama | 70.60 | 79.42 |
| | Delaware | 50.00 | 65.00 | | Florida | 58.83 | 71.18 |
| | District of Columbia | 70.00 | 79.00 | | Georgia | 59.60 | 71.72 |
| | Maryland | 50.00 | 65.00 | | Kentucky | 69.89 | 78.92 |
| | Pennsylvania | 54.69 | 68.28 | | Mississippi | 76.62 | 83.63 |
| | Virginia | 50.53 | 65.37 | | North Carolina | 62.56 | 73.79 |
| | West Virginia | 75.04 | 82.53 | | South Carolina | 69.81 | 78.87 |
| | | | | | Tennessee | 64.59 | 75.21 |
| **V.** | **Chicago** | | | | | | |
| | Illinois | 50.00 | 65.00 | **VI.** | **Dallas** | | |
| | Indiana | 61.97 | 73.38 | | Arkansas | 74.28 | 82.00 |
| | Michigan | 55.42 | 68.79 | | Louisiana | 71.28 | 79.90 |
| | Minnesota | 50.00 | 65.00 | | New Mexico | 74.56 | 82.19 |
| | Ohio | 58.83 | 71.18 | | Oklahoma | 70.56 | 79.39 |
| | Wisconsin | 58.43 | 70.90 | | Texas | 59.99 | 71.99 |
| **VII.** | **Kansas City** | | | **VIII.** | **Denver** | | |
| | Iowa | 63.50 | 74.45 | | Colorado | 50.00 | 65.00 |
| | Kansas | 60.15 | 72.11 | | Montana | 72.96 | 81.07 |
| | Missouri | 61.23 | 72.86 | | North Dakota | 68.36 | 77.85 |
| | Nebraska | 59.52 | 71.66 | | South Dakota | 65.29 | 75.70 |
| | | | | | Utah | 71.24 | 79.87 |
| **IX.** | **San Francisco** | | | | Wyoming | 61.32 | 72.92 |
| | Arizona | 67.25 | 77.08 | | | | |
| | California | 50.00 | 65.00 | **X.** | **Seattle** | | |
| | Hawaii | 58.77 | 71.14 | | Alaska | 58.27 | 70.79 |
| | Nevada | 52.39 | 66.67 | | Idaho | 70.96 | 79.67 |
| | American Samoa | 50.00 | 65.00 | | Oregon | 60.16 | 72.11 |
| | Guam | 50.00 | 65.00 | | Washington | 50.00 | 65.00 |
| | N. Mariana Islands | 50.00 | 65.00 | | | | |

[1] The "Enhanced Federal Medical Assistance Percentages" are for use in the State Children's Health Insurance Program (Title XXI), and Medicaid State Children's Health Insurance Program expansions under sections 1905(u)(2) and (u)(3).

SOURCE: CMS/CMSO

September 2002

## Glossary of Acronyms for Data Source Attribution

| | |
|---|---|
| **DHHS** | **Department of Health and Human Services** |
| **CMS** | **Centers for Medicare & Medicaid Services** |
| HCFA | Health Care Financing Administration |
| OIS | Office of Information Services |
| OFM | Office of Financial Management |
| ORDI | Office of Research, Development, and Information |
| HCIS | Health Care Customer Information System |
| CBC | Center for Beneficiary Choices |
| OACT | Office of the Actuary |
| CMM | Center for Medicare Management |
| CMSO | Center for Medicaid and State Operations |
| OCSQ | Office of Clinical Standards and Quality |
| **HRSA** | **Health Resources and Services Administration** |
| **SSA** | **Social Security Administration** |
| OACT | Office of the Actuary |

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